FOR

STATE OF MARYLAND

/	1 - STATE REGISTRAR	DET ART	CERTIFICATE	OF DEATH	REG. NO	O.		
	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR	
	Jaco	D A	Holams			12 30 85	7:50pm	
	Ma /a.	BLACK	5 DATE OF BIRTH	27 18	6. AGE (IN YEARS LAST BIR	MONTHS C		
7	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	? 8. MARRIED KIKNE	VER MARRIED	9 BALTIMORE CITY O		Н	
ŀ	MARYLAND	U.S.A.	WIDOWED	DIVORCED [Hone Hour	rdel Cou	nty MD.	
Ž	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII		INSTITUTION	120 USUAL OCCUPATION		ND OF BUSINESS OR	
ř	USUAL RESIDENCE (IF NURSING HOME OR	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	READMISSION!	2 170514.	1		11211	
2	MARYLAND 136 ACOM			DE CITY LIMITS?	379 Fores	t Beach Ro	ad	
J	14. FATHER'S NAME	MIDDLE LAST	15. MOT	HER'S MAIDEN NA				
1	HEZEKIAH	ADAMS		HARRIE			DERS ON	
	160. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SECTION (VE WAR OR DATES)			ADDRE S 379 Fores	Annapoli	s, Md. 2140	
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), ar	^			BETW	PROXIMATE INTERVAL	
	IMMEDIAT	TE CAUSE (0)	q can	ces			year.	
	Conditions if how which	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which						
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF					
	underlying cause lost.	(c)						
		CONDITIONS CONTRIBUTING TO	<u>DEATH</u> BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR CON)ITION GIVEN IN PAR	₹T No	
7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS P	ERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	NDINGS USED	
					YES NO	YES	NO [
		216. TIME OF INJURY	DAY YEAR 21c. HO	W INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TS PART I OR PAR	/T 2)	
H	(IF EITHER NOTIFY MEDICAL EXAMINER		19					
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.		ATION	CITY OR TO	wn COUNT	Y STATE	
	AT WORK AT WORK		17/5		2 12/2	63		
		ital) attended the deceased from 19 19 19	83, and that is	(my) our) opinion o	death accurred on the do	ite and hour and from	, that (D) we) last the couses stated	
	22b. SIGNATURE	The body after death.	DEGREE			22c. D	DATE SIGNED	
1	Ewl	Delly	MD	PHYSICIAN PHYSICIAN	MEDICAL STAF		1/31/83	
-	226. PHYSICIAN'S NAME (TYPE O	(D ()	22e AD	DRESS	Ven) A	111100	1 14 21	
	EW	COLE	P/	FRAN		NNAPO	us Ind.	
	230. BURTAT,	4 4 4 5 6 1	NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY	STATE	
	TOTITAL	T-J-TAOA WO	BURY BROAL	NECK CHUP	Kun St. Man	rearets A.	A. Maryland	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician.

24 FUNERAL DIRECTOR Annapolis, Md. 24401 WILLTAM REESE & SONS MORTUARY, P.A. 24 FUNERAL DIRECTOR

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STATE	OF	MARYLAND	
31015	vi	MINITERINA	

	- STATE REGISTRAR				ALTH AND MENTAL HYG CATE OF DEATH				
	ECE ASED NAME PE OR PRINT)	FIRST	ecost.	() IA		REG. N 2a. DATE OF DEATH		DAY YEAR	26. HOUR
3. SE	Lemale.	1 RACE	itel	3. DATE OF	BIRTH SPAY 47	6. AGE (IN YEARS LAST BIF		IF UNDER I YEAR	IF UNDER 24 HE
li	BIRTHPLACE (STATE OR FOR	DO U	WHAT COUNTRY?	WIDOWED	D NEVER MARRIED DIVORCED DIVORCED DIVORCED	9. BALTIMORE CITY C	Co		F BUSINESS (
E	JAKRESIDENCE (IF NURSIN	CHOME OF OTHER INSTITUTION	CH FACILITY, GIVE STITED TO	ADDRESST JUNG ADMISSION	Cons Cen	ATYPE OF WORK FOR MOST	end if	INDUSTRY	
-	aryland	Anne Arunde	Edgewat	er	YES NO E	902 For tu	ne Pla	ace /	031
/Y .	lbert	WIDDLE	Blake		Mary	WIDDLE	Th	nompson	ī
	WAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU 578- 07-	_	Robert F. A	addr delman (sa	ime as	1 3e)	S 63
100	Canditians, if any, s gave rise to imme	which diate	OR AS A CONSEQUE	501	ID				
z	cause (a), stating underlying cause PART 2. OTHER SIGNII	last. (c)	OR AS A CONSEQUE		IOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIV	EN IN PART TO	1
TIFICATION	underlying cause	last. (c)		DEATH BUT N		20a. AUTOPSY?	20b. IF YES	EN IN PART 100, WERE FINDING CAUSES	IGS USED
CERTIFICAT	PART 2. OTHER SIGNII	I 196. CONDITIONS COND	ONTRIBUTING TO D	DEATH BUT N		200. AUTOPSY? YES	20b. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES S	IGS USED OF DEATH?
7 8	PART 2. OTHER SIGNII 19a. DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA	IDN 19b. CONDITIONS CO	ONTRIBUTING TO D DITION FOR WHICH OF INJURY J.M. MONTH DA	OPERATION AY YEAR 19	WAS PERFORMED	200. AUTOPSY? YES	20b. IF YES IN CERT IF YES	, WERE FINDIN YING CAUSES S	IGS USED OF DEATH? NO
CERTIFICAT	PART 2. OTHER SIGNII 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE AT WORK AT WORK 22a.1 certify that (1) (1) saw the deceased	TEVING 196. CONDITIONS	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY .M. MONTH DA .M. OF INJURY IREET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM. ETC.)	WAS PERFORMED 21c. HOW INJURY OCCUR!	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TO	20b. IF YES IN CERTIF YES IRY IN STEM 18 P.	COUNTY	IGS USED OF DEATH? NO STATE
CERTIFICAT	PART 2. OTHER SIGNII 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE AT WORK AT WORK 22a.1 certify that (1) (1) saw the deceased	TOTAL CONDITIONS CONDI	ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY .M. MONTH DA .M. OF INJURY IREET, FACTORY, OFFICE, F.	OPERATION AY YEAR 19 ARM. ETC.) 8/23 , and	21c. HOW INJURY OCCUR! 21f. LOCATION STREET , 19 82 1 that in (my) (aur) opinion of the control of the contr	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TO	20b. IF YES IN CERTIF YES	COUNTY	IGS USED OF DEATH? NO STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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and 2 should be filled

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be

retained by the hospital or attending physician.

24 FUNERAL DIRECTOR Beall Mome Bowie, Maryland

250 DITEMECS. STREETISTRAN 256. REGISTRAN'S SIGNATURE

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 _m ad	C,	7			

by the funeral director, page 3 iled within 72 hours ofter death

STATE OF MARYLAND

3 1 5 2 6

- STATE REGISTRAR			CERTIF	ICATE OF D	EATH	F	REG. NO.			EST
1. DECEASED NAME FIRST (TYPE OR PRINT) DOR IS		AVINIA	ADKIN	S S	7	20. DATE OF DE			1983	26 HOUR 533 PM
3. SEX Female	4. RACE White		5 DATE O		1'9	6. AGE (IN YEARS	LAST BIRTHDAY		FUNDER 1 YEAR	H UNDER 24 HRS
O. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER A	MARRIED	9 BALTIMORE ANN			COUNI"	Y
GLEN BURNIE	NORTI	ARUNDEL			TITUTION	12a. USUAL OCC (TYPE OF WORK FOR Machi	MOST OF WO	RKING LIFE)		tal
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136 COU		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Glen Bur		13d INSIDE C	NO 🗌	7873 CI	rilley	CODE ROS	ad 21	1061
Elmer Elmer	MIDDLE	Jones		Ca	therine	84	IODLE		tAS	
160 WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES. G)	RMED FORCES? VE WAR OR DATES)	218-01-		MS.	Nadine	Ha11	Balto		2 Ohio Md. 212	
Conditions, if any, which gave rise to immediate couse (o), stafning the underlying cause last.	(b)	R AS A CONSEQUI	K -	SEP	TIC					
PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO I		NOT RELATED		BAJE,	REN	ON GIVE	AI LV	ne .
CHROPIC VI 190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20e AUTOPS			WERE FINDING CAUSES	
OR CONTRIBUTION CALLES OF DE	ATH HOUR A		AY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN	IEM 18 PAI	RT 1 OR PART 2)	
THE ETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET		C	ITY OR TOWN		COUNTY	STATE
220.1 certify that (1) (this hasp saw the deceased alive or above, (1) (we) (did) (did no		2/2/19	83.0	nd that in (my)	(our) opinion	death occurred a	n the date o	and hour	and from the	
22b. SIGNATURE	wh			DEGREE /	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		22c. DATE	(24/8)
22d. PHYSICIAN'S NAME (TYPE		n		22e ADDRES	s 20 ALTIMOR	3 EAST I	PATAPS	CO A 2122	AVENUE	

retoined by the hospital

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the buriol-transit permit. Then please remove carbor with the State Dept of Health and Mental Hygiene priar to buriol, cremation, or res

IMPORTANT: If hem 21 is morked or Item 18 shows

24 FUNERAL DIRECTOR Anatomy Board

12/24/83

230. BURIAL, CREMATION, REMOVAL

Remova 1

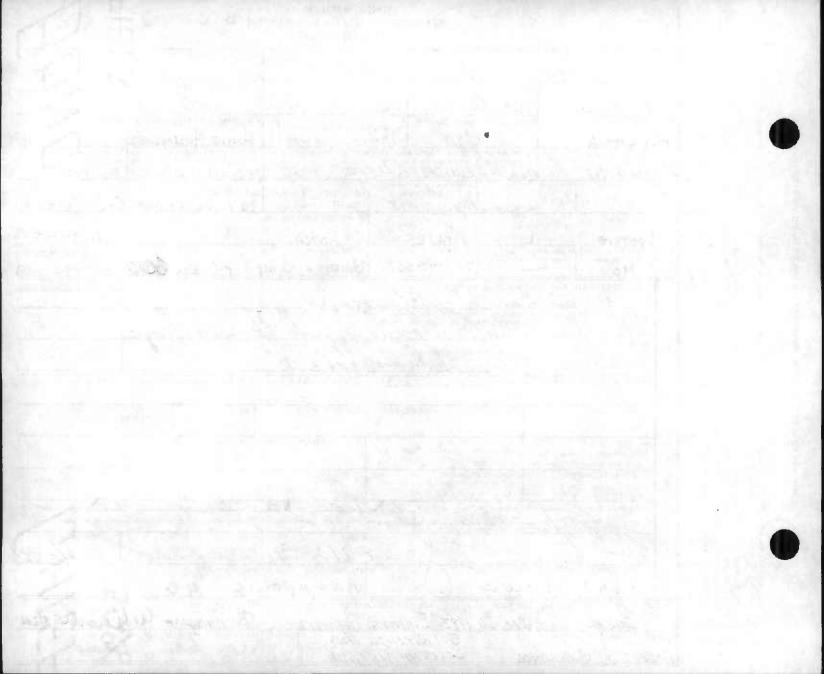
Balto., Md.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION JANO of 40840 Salpane

190600 11, 1035 (153 1	LAVINIA AOLINS	31,60
	ATTERNIT DESCRIPTION	
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	A Ananya Managara A San	
		and may be
TUVELY PAINTSON AVENUE B. MARYHAND 21225		SUCKA P. MIN
Arine Securit anish		(vend)

	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	1521
oy be death	TYPE	CEASED NAME FIRST OR PRINT) Pean		Allen	20. DATE OF DEATH MONTH DAY	83 1625PM
Page 4 mo	3. SE)	Female	4 RACE White 76 CITIZEN OF WHAT COUNTRY?	5. DATE OF BIRTH MONTH DAY YEAR 3 97 0/	8 PALTIMOPE CITY OF COUNTY O	UNDER I YEAR IF UNDER 24 HRS
death.	A	LABAMA TY OR TOWN OF DEATH	· U5A	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL	MD.
haurs afte I in by th be filed v	AN USU	AL RESIDENCE HE NURSING HOME OR	(IF NOT IN SUCH FACILITY, GIVE STREET. ANNE ARUNDEL OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 13 COTTY OR TOW	GENERAL HOSP	DECISTERED NURSE	HOSPITAL
vithin 24 h		MD ANNE	RUNDEL Annapo	N 134 INSIDE CITY LIMITS' YES NO 15. MOTHER'S MAIDEN	107 MERRYMAN	Cr. 21401
e executed w		VAS DECEASED EVER IN U.S. AR	L. WALTER	25 ANNA	ADDRESS ADVA	LAWLER 1 21401
ficate be only sician or papers. Pe navol.		PART I. DEATH WAS CAUSED	ly one cause per line for (a), (b), and BY:		MI FOU. DOX 6012	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death certing d by the attending Flease remove carbon ial, cremation, or remore are actional contractions.		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	nce of this	Hensonhoge	
requires	ATION	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION GIVEN 200 AUTOPSY? 206. IF YES, V	VERE FINDINGS USED
The lo	CERTIFICATION	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		YES NO YES CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	NG CAUSES OF DEATH?
HYSICIA nding pl nis certif burial-t I Mental ar Item	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA LIFE EITHER, NOTHY MEDICAL EXAMINER 21d INJURY OCCURRED	TH HOUR A.M. MONTH DA	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDING PHOSpirel or othern scriors: After the of for use as the for the Health and the Health and m 21 is marked a	W	sow the deregand alive on, above, it live! (did) (aid see	ial attended the deceased from _	2.5/1, 19.5 and that in (my) (pur) opini	3 , to 26 Mer. 19.	
O HOSPITAL OR A eroined by the hos TO FUNERAL DIRECTOR Should be detached with the State Dept.		224 PHYSICIANS NAME THE OF	- /	DEGREE PITTENDING PHYSICIAN 170 ADDRESS	DIRECTOR PHYSICIAN	20 Mars Signed
Short short	23a. B	URIAL, CREMATION, REMOVAL		ANN AP		forfers steps
BP DHMH - 16 50M 4/83 (VRA 15, 4)	Ko	NERAL DIRECTOR NAME BERT S. BARRA	DEC. 30, 1983 KN 506RIT ICO SEVERN	MWOOD (FMFFERY FOHJE HWY. 250 T A TARK, MD. DEC	DATE RECID. BY REGISTRATUS BY CHARLES	GERRIA ALA.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH Eliel W. Armiger REGISTRAR REG. NO 20 DATE OF DEATH YEAR I. DECEASED NAME DAY 26. HOUR 355 (TYPE OR PRINT) 11.8 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH 3. SEX MONTH DAY YEAR MALE White January 10.1885 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Anne Arundel USA WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH - Living Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Edgewater Pleasant Living Ret Farmer tobacco USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 138. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 6034 McKemdree Rd Maryland Calvert Dunkirk 2075 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST Jospeh R. Armiger Margaret unk ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 213 22 0107 Virginia Dove - same as #13 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lice 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

PP. BOX 45

QUIN 65

COUNTY

22c. DATE SIGNED

prior be ter this certificate has the burial-transit produced Mental Hygier Sho 80 MEDICAL Hem (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION morked or 21d. INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC } NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death 77h SIGh DEGREE 0 MEDICAL ATTENDING + be deto PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22n ADDRESS hould be elleam 0 136 NAME OF CEMETERY OR CREMATORY Smithville 23d LOCATION
Dunkirk CalvertonMarylandiate 23a BURIAL CREMATION REMOVAL 236 DATE 3,1983 (SPEC Burial Dec. BP DEC 9 1002 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

page 3

Section divides delicated in the additional to the land

STATE OF MARYLAND

1	- STATE REGISTRAR			UEP		ICATE OF DEATH	REG.	NO.		
	PECEASED NAME	FIRST	1 4 42 /2	WIDDLE	2. D	AST 20 C	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
3. 5	EY	1147	RACE	Z-5111	5. DATE C	* RIPTH	6. AGE (IN YEARS LAST)	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
3	* Fema	li	Cau	c.	MONTH		67	YRS.	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE STATE OR F		CITIZEN OF		MARRIE	NEVER MARRIED	9. BALTIMORE CITY	_		3.7
	ZITY OR TOWN OF DEA		U.S.A		WIDOWE	DROTHER INSTITUTION	Anne Art			Y MD. OF BUSINESS OR
	len Burni		(IF NOT IN SUC	H FACILITY, GIVE	anor Co		TYPE OF WORK FOR MOS	or working the	FE) INDUSTRY	7 DOSINESS ON
130	UAL RESIDENCE (IF NURSI STATE Marvland	NG HOME OR OTH 13b. COUNTY A.A.	HER INSTITUTION,	13t. CITY OF	RTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	r Harl	bor Rd	del
_	FATHER'S NAME	MID	D. Е	Powe		15 MOTHER'S MAIDEN N	MIDDLE		Skin	ner
160	Henry WAS DECEASED EVER	IN U.S. ARME	m		SECURITY NO.	17 INFORMANT		RESS	W. Int.	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	228-2	28-1473	Rachel A	ndre 320	Bar Ha		Rd.
CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotim underlying couse PART 2. OTHER SIGN	lost	DUE TO, OI	R AS A CON		NOT RELATED TO THE TER	RMINAL DISEASE OR CO	20b. IF YE	VEN IN PART 110	NGS USED
WEDICAL CER	00.000,000,000,000,000	AUSE OF DEATH	216. TIME O HOUR A. P.	M. MONTI	H DAY YEAR	21c HOW INJURY OCCU	PRRED (ENTER NATURE OF IN	JURY IN ITEM 18. I	PART T OR PART 2)	
MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗆	21e. PLACE		OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	22a I certify that (I) sow the decease above (I) (we) (c 22b. SIQNATURE	d olive on			_19, or	, 19	n deoth occurred on the			
						ATTENDING PHYSICIAN		AFF SICIAN []	45	
	Dr. 311	ichac	Per Pe	arln	2022	5400 C		Rd.	Baltin	wee ma
230	BURIAL, CREMATION,	REMOVAL	12-3	0-83		emetery or crematory n Park Cem	CITY OF LOWN	imore.	- couMar	yland

DHMH - 16 50M 4/B2

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fushauld be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

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retained by the hospital or ottending physiciar

(VRA 15, 4)

24 FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md

DEC 2 9 1983

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TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.

DHMH - 16 50M 4/ (VRA 15, 4)

		ws.f	MIDDLE	LAST		20 DATE O	REG. NO	ONTH DAY	Y YEAR	2b. HO
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1	SEX	4. RACE	nuber	5. DATE OF B	IRTH	6 AGE (IN	YEARS LAST BIRTH		UNDER I YEAR	IF UNDE
11	male	whit	0	Jun	e 26.190	4 79		YRS. MO	INTHS DAYS	HQUR5
1/2/12	BIRTHPLACE (STATE OF FORE		WHAT COUNTRY?	2		O RALTIMA	ORE CITY OR		F DEATH	
8	Ft Piero	e Fla U.	S.A.	WIDOWEDE	NEVER MARRIED DIVORCED		ne Ar	undel	Co.	
00 10	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME OR C		120 USUAL	OCCUPATION HOST OF	N	12b. KIND O	F BUSIN
0	Annapolis		Arunde]		ral hosp		nist	WORKING LIFE)	INDUSTRY	
ZZ 9	SUAL RESIDENCE IN MURING	HOME OF OTHER INSTITUTIO	N. GIVE RESIDENCE BEFORE	ADMISSION)	INSIDE CITY LIMITS				mila	1
0	Md.	A.A. Co.	Annar		ES NO V	21		herry	Grov	6
F14	FATHER'S NAME	MEDIE	LAST		MOTHER'S MAIDEN		WIDDLE		LAST	
10	John	a con	Babers	3	Fanny		Hunt	er	Babe	
1 160	and the first of the second state of the first of the fir				INFORMANT		ADDRES	^S 1 1 1	Virgi	
	PCS INKNOWN	WWII	026-34	-0637	Catherin	e B. M	ichae		gewat	
	Control of the Contro	hich (b)	OR AS A CONSEQUE	H						
70	gove rise to immedicate to a stating underlying cause to PART 2 OTHER SIGNIFIC	hich (b) DUE TO, (c) CANT CONDITIONS (OR AS A CONSEQUE	ENCE OF				- 10		
9	gove rise to immedicate to a stating underlying cause to PART 2 OTHER SIGNIFIC	hich (b) DUE TO, (c) CANT CONDITIONS (OR AS A CONSEQUE	ENCE OF		20e AUT	OPSY?	206. IF YES, V	WERE FINDIN	GS USI
999	gove rise to immediately underlying course is part 2 OTHER SIGNIFICATION OF OPERATION THE ACCIDENT WAS UNCERTY.	CANT CONDITIONS O	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH	ENCE OF DEATH BUT NO OPERATION W		200 AUT	OPSY?	20b. IF YES, VIN CERTIFYII	WERE FINDIN NG CAUSES	IGS USI
999	gove rise to immediately underlying course is part 2 OTHER SIGNIFICATION OF OPERATION THE ACCIDENT WAS UNCERTY.	DUE TO, COMMITTIONS COMMITTEN COMMITTIONS COMMITTIONS COMMITTIONS COMMITTIONS COMMITTIONS	OR AS A CONSEQUE CONTRIBUTING TO D DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION VI	/AS PERFORMED	200 AUT	OPSY?	20b. IF YES, \ IN CERTIFY! YES IN ITEM 18 PAR	WERE FINDIN NG CAUSES	GS USI
110	GOVE FIRE TO Immediatelying course to immediatelying course to immediatelying course to immediately include the part 2 OTHER SIGNIFIC TO ITS DATE OF OPERATION TO CONTRIBUTION OF CONTRIBUTION	DUE TO, (c) CANT CONDITIONS (C) 196. CON 196. CON 216. TIME HOUR 216 PLACI (AT HOME S) is haspital) attended to the party of the	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F	OPERATION VALUE OF STATE OF ST	AS PERFORMED C. HOW INJURY OCC	200 AUT YES CURRED (ENTER N	OPSY? NO ATURE OF INJURY CITY OR TOW	20b. IF YES, \ IN CERTIFYII YES IN ITEM IS PART	WERE FINDING CAUSES	NGS USI OF DEA NO
110	GOVE FIRE TO Immediatelying course to immediatelying course to immediatelying course to immediately include the part 2 OTHER SIGNIFIC TO ITS DATE OF OPERATION TO CONTRIBUTION OF CONTRIBUTION	DUE TO, COMPANY TO THE PROPERTY OF THE PLACE (AT HOME S (Identity of the back	OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY, OFFICE, F	OPERATION W AY YEAR 19 21 ARM.ETC.) 21 DEC	f. LOCATION STREET 1. 19 1. 10 (my) (out) opin	200 AUT YES	OPSY? NO	20b. IF YES, NIN CERTIFYII YES IN ITEM IS PAR	WERE FINDING CAUSES	NGS USI OF DEA NO

20M 4/B2

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Committee Charles Charles and Breeze 25 76 66 - 15 The state of the What summed REPTIFE Presented with the TO LOUIS . THE LOUIS LINE STATE OF Motor Vehicle Accident

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPARTM		ICATE OF DEATH	REG. NO.	6.0	1 10	G 659
DE	EASED NAME	FIRST	-	MIDDLE		AST	26. DATE OF DEATH MO	NTH	DAY YEAR	2b. HOUR
N. T.	OR PRINT)	Willia	m	T.	Bal	lantine	December :	25,	1983	8:54 P
3. SE	K		4 RACE	"	5. DATE C		6. AGE (IN YEARS LAST BIRTHD	AY)	MONTHS DATE	IF UNDER 24 HRS
1	Male		Whit	е	May		73	YRS	MOINTAS DATS	HOURS MIN.
	RTHPLACE (STATE COUNTRY) Aryland	OR FOREIGN		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR C	_		M
	ty or town of len Burn:		(IF NOT IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A Arundel	DDRESS)	or other institution	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Planner		77 6	Coast Cuard
130. S	Md.	136 COU	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Brookly:	ADMISSION)	13d. INSIDE CITY LIMITS? YES 😿 NO[]	13e STREET ADDRESS 404 Frankle	e S	/	21225)
14, FA	THER'S NAME Willia	ım	MIDDLE	Ballantin	е	15. MOTHER'S MAIDEN NAME Elizabet	MIDDLE		Dunn	ST
	VAS DECEASED ET VES. NO OR UNKNOWN NO		MED FORCES? VE WAR OR DATES)	220 05 2	232	Margaret A.	ADDRESS Ballantine	Sa	The second of th	3 e
	Conditions, if gave rise to cause (a), st underlying co	immediate lating the suse last.	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	2 Cernillation Encluded a NOT RELATED TO THE TERM	Carlie GAR.	5	10 50	300
CERTIFICATION	196 DATE OF OPE	100				N WAS PERFORMED	20s AUTOPSY? 2	0b. IF Y	ES, WERE FINDE	NGS USED
	21g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY)	CAUSE OF DE			Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IF	ITEM 16	8 PART I OR PART 2)	
MEDICAL	216. INJURY OCC	T WHILE TWORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	saw the dec	eased alive or extended no	DR PRINT)	de deceased from 198 ofter death.		DEGREE ATTENDING PHYSICIAN 22e ADDRESS COC HA	MEDICAL STAFF DIRECTOR PHYSICIAL		our and from the	that (I) (well as a causes stated ESIGNED 27-83
23c. E	BURIAL, CREMATIC	ON, REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR

12/29/83 Balto. Md. George J. Gonce 4001 Ritchie Hgwy (VRA 15, 4)

Burial

24 FUNERAL DIRECTOR

Cedar Hill Cemetery Brooklyn A.A
21225
DEC 2 7 1983

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should in filled with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

MIDORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

1	1.	FOR STATE	DEPAR	RETMENT OF HEALTH AND MENTAL HY	GIENE O	1 3 3 3
L		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST OR PRINT)	an C	Ballard	20 DATE OF DEATH MONTH	2 83 12 10 p M
I	3. SE X	female	White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	*** 8. MARRIED NEVER MARRIED WIDOWED DIVORCED D	Anne Arund	OF DEATH ICI CTY MD.
1	A	nnapolis	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION LIET ADDRESS) LET GEN. HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126, KIND OF BUSINESS OR INDUSTRY
1	USUA 13a. S		OR OTHER INSTITUTION GIVE RESIDENCE BEF		13e.STREET ADDRESS / ZIP COD	VC. 21037
1	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	MST MST
1	16a W	AS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE SIVE WAR OR DATES)	CURITY NO. 17. INFORMANT	ADDRESS 610	9 Auth Road
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per line for (a), (b),	and tech	2014	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1			DUE TO, OR AS A CONSEC	DUENCE OF		3 WK
		Conditions, if any, which gave rise to immediate cause (a), stating the	(b) Meta	static liver d	isease	2 mos
١		underlying cause last	(c) Acleu	O DEATH BUT NOT RELATED TO THE TER	f colon	8 mos
1	Z O		as trointestinal	bleeding	WINAE DISEASE OR CONDITION OF	VEIN IN FART TIO
	CERTIFICATION	190 DATE OF OPERATION	1	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART ?)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a. I certify that (I) (this has	pital) attended the deceased from D2 C 19	02	death occurred on the date and had	19
		226 SIGNATURE / Michael /	Value us.		MEDICAL STAFF DIRECTOR PHYSICIAN	12/2/83
		Michael	N. Peters	2510 Rive	Rd. Annapo	lis, MD 21401
	0	BURIAL, CREMATION, REMOVA PECIFY) UNICL	Dec 5, 1983	Lakemont	23d LOCATION CHYORYOWN DEVICES ON VILLE	CANTYO MELLE
-	24. FL	ineral director	eral Chapeloure	^	NTE REC'D. BY REGISTRAR 236. REGIS	TRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

The state of the second of the The second secon TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lusshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the

medical

STATE OF MARYLAND

1.	FOR STATE		DE		EALTH AND MENTAL H	YGIENE			4
1	REGISTRAR			CERTIF	CATE OF DEATH		REG. NO.		
	CEASED NAM	E FIRST	MIDDLE	L	AST	20. DATE OF	DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	Paginana	0	Ph	ahan		Das 21	1983	
3. SE	Υ	rance	RACE	5. DATE O	E RIDTH	A AGE UNYE	ARS LAST BIRTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS
3. 36		1 7	11 L	MONTH	DAY YEAR	0	2	MONTHS DAYS	HOURS MIN.
1	ema	1e (Unite	Oct	11 1900		YRS.		
7a. B	RTHPLACE 1	STATE OR FOREIGN 76	CITIZEN OF WHAT COU	NTRY? 8.	NEVER MARRIED	9 BALTIMOR	E CITY OR COUNT	Y OF DEATH	
1	UD.		IISA	WIDOWE		Th	no Aru	nde.	MD.
10 C	ITY OR TOWN	OF DEATH 11		NURSING HOME O	ROTHER INSTITUTION		CCUPATION	12b. KIND O	F BUSINESS OR
A	0000	.he	HE NOT IN SUCH ENCILITY, GIV	E STREET ADDRESS)	100110	CTYPE OF WORK	FOR MOST OF WORKING	11	
USU	AL RESIDENCE	LIE NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE	E REFORE ADMISSION)	venue	Hom	emake	RIOT	ne
130.	TATE	136 COUNTY		RTOWN	130 INSIDE CITY LIMITS?	13 STREET A	DDRESS	2140	3
1	ND	HH	Hnno	polis	YES NO	1113	Devern	Hver	nue
14 FA	THER'S NAME	MID	noie 📣 N		15 MOTHER'S MAIDEN	NAME	WIDDLE	4	
	James		Cmint	han	Hattle		MIDDLE	41/15/	m
160. V		DEVER IN U.S. ARME	D FORCES? 166 SOCIA	LSECURITY NO.	17 INFORMANT		ADDRESS	a Engla	wood Re
- (AS NO OBMAKNO	OWN) (IF YES, GIVE W	'AR OR DATES)	11.2827	Halan M.	2	103	b Eagle	Dill 3
_	NO		0011-	17-202	Helen III	612-	Annapot		21400
	18. CAUSE O	F DEATH (Enter only of EATH WAS CAUSED B	one couse per line for (o),	1 // .	11	2 . 11	,	BETWEEN	MATE INTERVAL ONSET AND DEATH
	I ANTI L	IMMEDIATE C		en Ca	rdiac L	Rath	1	mi	unter
	414	D	DUE TO, OR AS A CON	SEQUENCE OF	1		1.		
	Conditions.	if ony, which	1 De 120	100 lon	own Cor	mani	Art. Disea	210	
	gave rise	ta immediate)	,		1			
	underlying	stating the couse last.	DUE TO, OR AS A CON	ISEQUENCE OF					
			(c)						
7	PART 2 OTH	ER SIGNIFICANT CON	NDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION G	IVEN IN PART 110	,
ō	(1) Ac	Jere COP	1) (2) rug		rable abo	. corti		rysu,	
CA	190 DATE OF	OPERATION	196. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOR	SY? 20b. IF YE	ES, WERE FINDIN	GS USED
TIF			1.76-2			YES 🗀		ES []	NO
MEDICAL CERTIFICATION	210. ACCIDENT	WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCC	URRED (ENTER NATI	URE OF INJURY IN ITEM 18	PART I OR PART 2)	
AL A	9	ING CAUSE OF DEATH							
DIC	21d. INJURY C	TIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION				
MEI	WHILE [7]		(AT HOME STREET, FACTORY,	OFFICE, FARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
	AT WORK	NOT WHILE AT WORK							
	220.1 certify	that (I) (this haspital)) attended the deceased	from	, 19	, to		19	that (I) (we) last
	Sow the	deceased alive an	new the body after death.	_19, on	d that in (my) (our) apini	on death occurred	an the date and ha	or and from the	causes stated
	2 % SIGNATI		the the sady offer death.	[DEGREE			22c DATE	SIGNED
	NULL	Meach	Den.)		ATTENDING	MEDICAL DIRECTOR	STAFF	17/1	27/82
	224 PHYSICIA	AN'S NAME CTYPE OF PR	PINT		PHYSICIAN 22e. ADDRESS	DIKECTORL	PHYSICIAN	1///	1100
	0.50	>> = //			1110 500	00	1	1. / 1.	144- 5
	rolt	RF. VER	KOUW		1419 TORE	ST BR.	Munapul	as fud 2	1403
		ATION, REMOVAL	23b. DATE		EMETERY OR CREMATOR				
P	SPECIFY)	1	Der 281982	Ceda	- Bluff		COALLS	AA	mil

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician.

Podress MDDEC 291983 And 9.C. 21 GUNERAL DIRECTOR
Laylor Funeral Chapel-

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

								REG. NC	4-			
DECEASED NAME	Pagt.		WEDIE		AST		20 DATE O	F DEATH	HTMON	DAY YEAR	2 b	HOUR
TO CONTRACTO	CLORE	AN	F.	BA	RNES	1			12 -	26-83	3	739
SEX		4. RACE		5. DATE C			6. AGE (IN)	EARS LAST BIRT		IF UNDER 1 YE	EAR IF	UNDER 24 HRS
FEMALE		WHI	TE	MONTH	18 DAY	10	-	72		MONTHS DA	YS HC	OURS MIN.
BIRTHPLACE ISTATE	ne snet on		WHAT COUNTR	92 1		10	9 BALTIMO	73	YRS.	OF DEATH		
differentially.	ON FOREIGN			MARRIE	D NEVER A	AARRIED -	BALTIMO		1			
irginia		U.S.		WIDOWE		VORCED			4RUB			M
CITY OR TOWN OF	DEATH		HOSPITAL, NUR		OR OTHER INST	ITUTION		OCCUPATION FOR MOST OF		FEI INDUST	RYTne	usiness of dustr
Edgewa	er. Md.	Pleaso	ant hiu	ma Col	11. Con	ten	Cleric	ca1		Pape	rC	0.
SUAL RESIDENCE (# N	NA COLIN		GIVE RESIDENCE BEF		113d. INSIDE C	ITV I IAAITS2	III STREET	ADDRESS				
Maryland	Balt	imore	Lansd		YES T	NO X	628 V	lashin	gton	Ave.	21	227
FATHER'S NAME					15. MOTHER'S	MAIDENNAM						
Char1		T.	Fac	4 1 - 10	_ M	FIRST		MIDDLE		Ta	LAST	
WAS DECEASED EV	Account to the second s		Fos		17 INFORMA	aude		M.	2.5		hns	
(AEPHO OS NAKAONA		WAR OF DATES	11.50								212	
			226-03	-2903	Thoma	s M. Ba	irnes	628 W	asnır	igton .		
18 CAUSE OF DE PART I. DE ATE	ATH (Enter onl	y one cause pe	r line for (a), (b),	ond (cul						BETWE	EN ONS	E INTERVAL ET AND DEATH
gove rise to cause (a), st underlying ca	oting the	DUE TO, O	R AS A CONSEC	QUENCE OF		- E						
PART 2 OTHER S	IGNIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E OR COND	ITION GIV	VEN IN PART	110	
190 DATE OF OPE	190 DATE OF OPERATION 196 CONDITIO			ON FOR WHICH OPERATION WAS PERFORMED			200 AUTO	OPSY?	20b. IF YES	S, WERE FIN	DINGS SES OF	USED DEATH?
							YES 🗌	NO	YE	S 🗆	١	NO 🗆
210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d. INJURY OCC	CAUSE OF DEAT		OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW IN	JURY OCCURR	RED (ENTERN)	ATURE OF INJUR	IN ITEM 18	PART 1 OR PART	2)	
21d. INJURY OCC	URRED	21e PLACE	OF INJURY		211. LOCATIO	N		CITY OF TOV	/hi	COUNTY		STATE
ANHIE I NO	T WHILE	(AT HOME, ST	REET, FACTORY, OFFIC	JE, FARM, ETC.)	STREET			CITORIO				JIAIL
220.1 certify that		al) attended th	ne decensed from	m		. 19	to			19	tho	1 (l) (we) lo
sow the dec	eased olive on_	Tar I	19		nd that in (my)	(our) opinion o		ed on the do				44
above, (1) (w.	e) (did) (did not	view the body	ofter death		DEGREE						ATE SIG	
100	1	1.1	11.		A	TTENDING	MEDICAL	STAF	F			
U	en og	KIN	Kinzer	-		PHYSICIAN X	DIRECTOR	☐ PHYSIC	AN 🗌	1	2/2	7/83
22d. PHYSICIAN'S					22e ADDRES							
Charle	s W. Ki	mer			P1ea	sant Li	iving (Conva.	Cent	ter		
BURIAL, CREMATIC	N, REMOVAL	23b. DATE	23	C NAME OF C			23d LOC	ATION				,
(SPECIFY) Crem	ation	12/30	/83	Loudon	Park C	remator	yBa1t	imore		COUNTY	Ma	rylan
FUNERAL DIRECTOR	?			21	1229	250 DATI	FRECO BY	REGISTRAR	Sh REGIST	TRAR'S SIGN	VATURE	E
Hubbard F	unova 1	Homo 1	ADDRES			UE	6 2 8	1983	Sugar	. 0	C .	ind
	unctal	TIOINE,	410	/ WIIKE	ens ave				4000	-	A Complete	all.

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physi

etained by the hospital or attending physician.

injury, or other troumotic event, i

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires retained by the haspital ar attending physician.

STATE OF MARYLAND

	FOR 1 - STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG	IENÉ O REG NO	3 1	~ ~	5 O EST
1	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	į.	AST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
1	ADEMI	A F	BARTO	LETTI	DECEMBER	16.	1983	3:02
	3. SEX Female	White	S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY] #	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	70 BIRTHPLACE ISTATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVERMARRIED	9 BALTIMORECITY O		COUNT'	Y MI
-	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNI	DEL H		120 USUAL OCCUPATE ITYPHOF WORK FOR MOSTLO HOUSE WITE	F WORKING LIFE)	126 KIND OF INDUSTRY	BUSINESSOR
)	USUAL RESIDENCE IF NURSING HOME O 130 STATE MC. 13b. COV	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NEXT CO COUNSI	10.1 1 1	13d INSIDE CITY LIMITS? YES NO	13 STREET ADDRESS	ZIP CODE	210	32
	14. FATHER'S NAME TO AN	Bottega		15. MOTHER'S MAIDEN NAME OF THE PROPERTY OF TH	WE		FONZ	w.
	160 WAS DECEASED EVER IN U.S. AI [YES, YOUR UNKNOWN] [IF YES, GI	WE WAR OR DATES	7048	Carmela 1	rbogast		ame a	s 13
	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	die	geni Sha	el + Us	7	APPROXIMATE OF THE STATE OF THE	MATE INTERVALINISET AND DEATH
	gave rise to immediate cause (a), stating the underlying cause last.	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF						us
	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, V	WERE FINDING	GS USED
	OR CONTRIBUTION CALLES OF OR	ATH HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM TO PART	T I OR PART 2)	
	THE ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC]	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	sow the decepted slave of	of the view the body after death.	3,00	nd that in (my) (our) dinion (death occurred on the de	ote and hour o	,	hat (I) (we) la
	22b. SIGNATURE	& Lower	Jy E	AND DESCRIPTION OF THE PARTY OF	MEDICAL STAI		224 DATE S	ISA 3
	DAVID Q. S	CHWARTZ, D.O.	1	ne ADDRESS 7845 GLEN	OAKWOOD BURNIE,		#200 1061	
	236. BURIAL, CREMATION, REMOVAL	1236. DATE 1236. P	vame of c		23d LOCATION MILLERSV	:1/e	COMPAC	o. Md
	Hardesty Tune	ral Home ADDRESS	nna pa	lis, Md. DE	C 2 2 1983	75b. REGISTRA	AR'S SIGNATU	JRE ALL

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon appril. Fager 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to burial. Committees, or removed.

IMPORTANT: If them 21 is marked or Item 18 shaws any

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ADEMIA BARIOLETTE DECEMBER 16, 1983 3:02 ANNO TRUBET COURT er sammer fra finnsk fra de finnsk fra finnsk Ed all Same Translate Alexander Translate the state of the s

DAVID A. SCHARES, D.C.

7645 ORKENDE ROAD 180 GLIN BURNIE, ED. 2106

Andrew to that Home the State of the Will the transfer to the state of

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the haspital or attending physician.

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eath. Page 4 may be

STATE OF MARYLAND

1.	STATE REGISTRAR		DEPAKIN		ICATE OF DEATH	AL HYGIEI I	REG. NO	D.		9 /
	CEASED NAME Elizat		M.		n ts		December 2	2, 198	. I E Pen	26 HOUR 9: 16
3 SE	x Female	4 RACE Whit	e	5. DATE C		AR	AGE (IN YEARS LAST BIRTI		UNDER I YEAR	
C	RTHPLACE ISTATE OR FOREIGN OUNTRY) Saryland		what COUNTRY?	8	D NEVER MARRIE	D 🗆 9	Anne Arun			MD.
Se	everna Park	Meridia	n Nursing	Ctr.	Severna I	(1	WE USUAL OCCUPATE TYPE OF WORK FOR MOST OF House -wif	WORKING LIFE)	126 KIND C INDUSTRY Home	
Me	AL RESIDENCE (IF NURSING HORE OR STATE 136 COUN Iryland -	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimor	N	134 INSIDE CITY LIM YES 🔼 NO 🗆		. STREET ADDRESS 508 S . M	ladeira	St.	23/
)	Christopher		iesner		15. MOTHER'S MAIDI FIRST Theresa	ENNAME	MIDDLE		known	51
	NAS DECEASED EVER IN U.S. AR; YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES]	217-18-1		Elizabet	h Wea	therstein,		2 9 8th dena,l	Street. Md. 21122
CERTIFICATION	Canditions, if any, which gove rise to immediate couse (a), storing the underlying cause lost. PART 2, OTHER SIGNIFICANT COUNTY AND ADDRESS OF OPERATION	10	NOT RELATED TO THE	e termin	AL DISEASE OR COND 200 AUTOPSY? YES NO	20b. IF YES, V	WERE FINDING CAUSES	OF DEATH?		
MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTHY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK AT WORK 22a. I certify that (I) (this haspif sow the deceased alive an abave, (I) (we) (did) (did not 22k SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR Dr. Ira	HOUR A P 21e PLACE (AT HOME, STE	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F. e deceased from	ARM, ETC.)	211 LOCATION STREET , 19 and that in (my) (aur) ap DEGREE ATTEND PHYSIC 22e. ADDRESS	pinian deo	CITY OR TOW th accurred an the do MEDICAL STAF	Y IN ITEM 18, PART N 19 19 10 10 10 10 10 10 10 10	COUNTY COUNTY Ind from the 22c. DATR	
23o E	SURIAL, CREMATION, REMOVAL	123b. DATE	23c. N	AME OF C	7845 Oak		Rd. / Glen	Burnie	Md.	
(Burial	Dec.27			edeemer Cen	n.	Baltimore	, -		ryland-
24 FU	JNERAL DIRECTOR JILY & Zeiler]	Inc. 190	l Eastern	Ave	./21231	DEC	2 9 1983	56. DEGISTRA	R'S SIGNAT	theld

BP. DHMH - 16 60M 7/73 (VR A 15 (4))

λ .υ υ, υς con . PE estado . Como de la como de - environ transplant - tellion to 2 Fill .F. moderned present to m I. Tol-Ti-1 - -Residence State St The same of the sa intal We start the life. 101 Forms 100, '21221

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely illed in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked ar Hem 18 shaws any injury, ar other traumatic event, the medica

1	d)
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page 3

STATE OF MARYLAND

DED A DEMENT OF BEALTH AND MENTAL HYCIENE

O	9	0	- 1	-	N	5
	REG. N	10.				
DATE	OF DE ATH	MONTH	DAY	YEAR	2b HO	U
		2 %		1	1	

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.											
	CEASED NAME	FIRST	1 /	IDDIE	t/	AST	2a DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
(TYPE	OR PRINT)	UCEN	t. A	BIR	ch			15	(443	3:45 PM	
3. SE	(4.1	RACE	1 1	5 DATE O		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DATS		
	m		u)hite	MONTH	16 12	7/	YRS	S	HOURS MIN.	
	RTHPLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	TY OF DEATH		
	Wash.D.C.		U.S.A		WIDOWE		Anne	Arun	del Co.	MD.	
	TY OR TOWN OF DEA		NAME OF H			OR OTHER INSTITUTION	12a USUAL OCCUP	ATION	126. KIND (OF BUSINESS OR	
	Annapoli	s		e Arund		eneral hosp	pressm		Govt.		
USU	AL RESIDENCE (IF NURS	ING HOME OR OTH		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e.STREET ADDRES	44111	ODE	ショングラ	
	Md.	A.A.	Co.	Deale	~	YES NO X		rles	Ave	2/3/	
-	THER'S NAME					IS MOTHER'S MAIDEN NA	ME				
	clarence	MID	DEE	Birch		Marv	Elle		Har	ast d v	
-	VAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	AD	DRESS			
- (YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	265-54-	6213	Marjory Bi	rch 618	Char	les Ave		
		H (Enter only o	ne couse per	line/for (a), (b), and			B	eale	APPROT	XIMATE INTERVAL	
	PART I. DEATH W	'AS CAUSED B	Υ:		our	no Sluce	7				
	4100	IMMEDIATE (000000							
	Conditions of some	. Lt.L	DUE TO, OI	R AS A CONSEQUE	NOFOF	carlein des	SAMEN	in	_		
	Conditions, if any, gave rise to imm	nediote	(b)	Δ	-01-00	A 5	1		-	^	
	cause (a), stating underlying cause		DUE TO, OI	R AS A CONSECUT	NCE OF	DURALIT	must con	dical	2 Dirlow	coms	
	DART 2 OTHER SICE	JIEIC ANT COL	(c)	NITRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION	GIVEN IN PART 1	(0)	
Z O		cous	ul	21	orice	V .	MINAL DISEASE ON C	0140111014			
CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERAT				OPERATIO	TION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH					
Ĕ							YES NO) IN CER	YES []	NO [
1 2	21a. ACCIDENT WAS UNI		216. TIME O		W WEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART 2)		
	OR CONTRIBUTING		HOUR A.	M. MONTH DA	19						
MEDICAL	214 INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION	CITY O	RIOWN	COUNTY	STATE	
E	WHILE NOT WE	ILE	{ AT HOME, STR	REET, FACTORY, OFFICE, F	ARM, ETC.)	SIKEE,	City O		5 - 3		
	220.1 certify th	(this hospital)	ottended th	e deceased from_	12	10 19		2/18	190	, that (I) (we) last	
	sow the decey above (1) we (1)	d plive on	10	CR 19 8	3_, or	nd that in (my) (our) apinion	death accurred on th	e date and l	haur and from the	e couses stated	
118	27h SIGNATURE	aid (aid not) v	ew the body	offer deoth.		DEGREE			22c DAT	E SIGNED,	
	Mes	10	Sam	rous	77		MEDICAL SOLUTION PHY	STAFF SICIAN [126	(8/4)	
	22d. PHTSICIAN'S	AME (TYPE OR PE	(A)	7.0	N	22e ADDRESS	Donela	DIL	1 An	1000	
	1 O BA	as .	(1) Limbil	/15	1 407 15	eager?	1004	10010		
23a l	BURIAL, CREMATION, (SPECIFY) Buri		23b. DATE			EMETERY OR CREMATORY	23 VOCATION		COUNTY	STATE	
74 FI	DUI'J	Lal	12/			ncoln Cemet				PG Co.	
	NAME						EC 2 2 19	22	21 0	Carried	
H	ardesty I	Tunera	1 Hom	ie An	n. M	d. 21401	1E6 44 19	OD 1	muy	- canny	

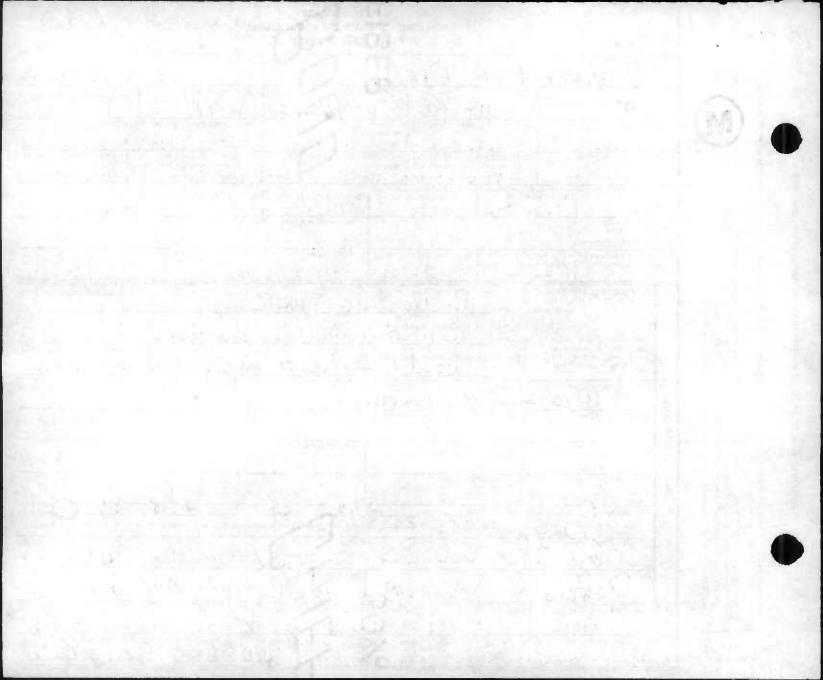
BP.

retained by the haspital or attending physicial

TO HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Hardesty Funeral Home



FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	ESI			
1. DECEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
(TYPE OR PRINT) WOOD!	ROW LEE	BITZER	DECEMBER 16	, 1983 736 PM			
2. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
Male	Caucasian	March 20 1913	70 YRS.	MONTHS DAYS HOURS MIN.			
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	P BALTIMORE CITY OR COUNTY OF DEATH				
Mary land	U.S.A.	MARRIED XX NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDE				
GLEN BURNIE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE NORTH ARUNDE		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Retired-Waggne)	126. KIND OF BUSINESS OR INDUSTRY rs Service Center			
USUAL RESIDENCE (IF NURSING HOME C	PROTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) WN 134, INSIDE CITY LIMITS?	124 STREET ADDRESS	0			
	Arunde la Pasader	100 []	934 Riverside	prive of 1 / of 1			
19. FATHER'S NAME LEE	MIDDLE Bitzer	15 MOTHER'S MAIDEN NA COPA	MIDDLE	hler LAST			
166 WAS DECEASED EVER IN U.S. A		URITY NO. 17. INFORMANT MYS.	Catherine B.	itzer			
(YES, NO OR UNKNOWN) I IF YES, G	1VE WAR OR DATES) 216-09-			nt-Pasadena 21122			
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		UENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED		VEN IN PART 1:0			
шыс				FYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED NOT WHILE AT WORK	HOUR A.M. MONTH	DAY YEAR 19 21f. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2) COUNTY STATE			
	oital) attended the deceased fram	19.8	10 12/16	19 8 1, that (1) (we) last			
saw the deceased alive a	n19_	1) 9	death accurred an the date and ha				
22b. SIGNATURE	at) view the bady after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED			
274. PHYSICIAN'S NAME (TYPE	OR PRINT)		404 CRAIN HIGHWA	Y			
	OPRING M D		RNIE, MARYLAND 2	1061			
III. BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
Burnal	12-20-83	At. Olive Cemetery	Randallstown	Baltimore Marylan			
24 FUNERAL DIRECTOR Lorin 8728 Tabertu Roa	g Byers Funeral d Randallstown.	Directors, Inc.	C 2 0 983	TRANS SIGNATURE			

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN, The

attending phy

etoined by the hospital or TO FUNERAL DIRECTOR A thould be deteched for use on with the State Dept. of Health

mtol Hygiene prior to b

IMPORTANT: If them 21 is marked or them 18 shaws only

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directs should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical ex

MPORTANT: If them 21 is marked or them 18 shows any

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	3		
		-	

1.	REGISTRAR				CERTII	FICATE OF DEAT	H	RE	G. NO.		
	CEASED NAME	FIRST		MIDOLE	2	LAST	2	a DATE OF DEA	Н монтн	DAY YEAR	26. HOUR
	- /	1/ice		B.	BI	ake			12-	9-83	6 JV M
3 SE	X		4 RACE		5. DATE (EAR 6	AGE (IN YEARS LA	ST BIRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS
F	EMALE		B/2	ZK			6		67 YR	5.	
111	ARYLAND	FOREIGN	76. CITIZEN OF		TRY? 8. MARRIE WIDOW	ED NEVER MARRI	ED 🗀	Anne 1	ACUNI	NE L CO	WYY V MD.
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NE	JRSING HOME	OR OTHER INSTITUTE		2a USUAL OCCU		12b. KIND (OF BUSINESS OR
Al	NNAPOLIS		Anne	11 0	VOIL G	FIGIAL HE	Sp.	TITLE OF WORK FOR IN	OST OF WORKING	JUNE TO STRI	11 12
13a S	AL RESIDENCE (IF NLIRS STATE ARYLAND	136 COUN	1TY	136 CITY OR ANNAP	TOWN	134 INSIDE CITY LIV YES NO				Terrace	3
14. F/	ATHER'S NAME FIRCHARL	IE	MIDDLE	DORSE	ř	15 MOTHER'S MAIL		MIDI	DLE	HILLARY'	ST
	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	213/	2 4696	DELIA CH	EW 14'	ol m a	Ave.	nnapoli	Md.
_	18 CAUSE OF DEAT PART I. DEATH W	H (Enter or	ly one couse per		o), and (c),)	b - ·				APPROX	XIMATE INTERVAL LONSET AND DEATH
ATION	gove rise to imicouse (a), statin underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA	NIFICANT	(c)CONDITIONS <u>Co</u>	ONTRIBUTING		T NOT RELATED TO THE		AL DISEASE OR	20b. IF	YES, WERE FINDI	INGS USED
TIFIC								IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH M.	DAY YEAR		OCCURRED			18 PART 1 OR PART 2)	
MED	21d. INJURY OCCUR	RED	21e PLACE (AT HOME, STI		FFICE FARM, ETC.)	21f LOCATION STREET		CITY	OR TOWN	COUNTY	STATE
	22a.1 certify that (I) sow the decease obove, (I) (use) (c) 22b. SIGNATURE	(this hosp ed olive on	12/	9	01	nd that in (my) (and DEGREE		oth occurred on the	he date and I		that (I) (we) lost e causes stated
	224 PHYSICIAN'S N	AME (TYPE C	OR PRINT) OS	NE	1.7	PHYSI 220 ADDRESS		T AL		ANNS	17/3 1045
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE		-	CEMETERY OR CREM.	ATORY	23d LOCATION			(
	BURIAL		12-14	-1983	PINELAW	N MEM. PA	RK	Annapo		A.A. Man	ryland
24 F	UNERAL DIRECTOR WILLIAM RE	ESE &	Annap SONS M		Md. 2140 Y; P.A.	01	250. DATE P	C 1 4 19	RAR 256 REC	STRAR'S SIGNA	Court

DHMH - 16 50M 4/82 (VRA 15, 4)

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etained by the hospital or attending physician.

THE RESIDENCE OF SAME AND ADDRESS OF SAME AND towers tragers. 14. A SALANDER TO BE ONE OF THE PER SALANDER LAND. A STATE OF THE STA

executed within 24 hours after death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or offending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fung should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other froumotic event, the medical experim

ector, page 3

MOY

	STATE OF MARYLAND				
OR	DEPARTMENT OF HEALTH AND MENTAL H				
STATE	CERTIFICATE OF DEATH				

1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H	1 5 4 1
I. DE	CEASED NAME FIRST	WIDDIE	LAST	REG. NO.	DAY YEAR 26 HOUR
	Goldi	ie A. E	Blockinger	Dec. 2'	.07/
3. SE	Female	1. RACE White		6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR # UNDER A HES MONTHS DAYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	9 8 MARRIED NEVER MARRI	9 BALTIMORE CITY OR COUN	NTY OF DEATH
1 16	ARYLAND	UNITED STATES	WIDOWED DIVORC		ndel MD.
10 C	ITY OR TOWN OF DEATH	1) 1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTE	ON 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	17b. KIND OF BUSINESS OR INDUSTRY
1	Annapolis	Anne Arunde	I Gen. Hosp.	HOUSEWIFE	HOME
	AL RESIDENCE (IF NURSING HOME OF		WN 134 INSIDE CITY LI		doe Rd. 2140
14, F	ATHER'S NAME	MIDDIS - LAST	IS. MOTHER'S MAI	DEN NAME	
	JOHN V.		ELLS EMW	MIDDLE 174	COLEMAN
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN] (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 214-30	CURITY NO. 17. INFORMANT	J. ELUS JSAN	NE AS 13)
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c)	Breast , uence of	Cancen HE TERMINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 4 P (1 V-S)
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO.}\)
	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING TO CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINED	HOUR A.M. MONTH	DAY YEAR	OCCURRED (ENTER NATURE OF MITURY IN ITEM	TS PART T OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	. PARM. ETC }	CITY OR TOWN	COUNTY STATE
	sow the deceosed olive on	oitol) ottended the deceased from 1227 19 ot) view-the body ofter death.	V 2	opinion death occurred on the date and	19 85, that (I) (we) lost hour and from the causes stated
	776 SIGNATURE Stuart &	: Selonichiza		DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	12/27/83
	226. PHYSICIAN'S NAME (TYPE C	ORPHINT)	120 ADDRESS	Hospital Fall	C+ A. 15111

ZELONICK, MID.

AT Gene. Hospital

trauklin St. Annapolis, und.

230. BURIAL, CREMATION, REMOVAL (SPECELY) BURIAL 23b. DATE

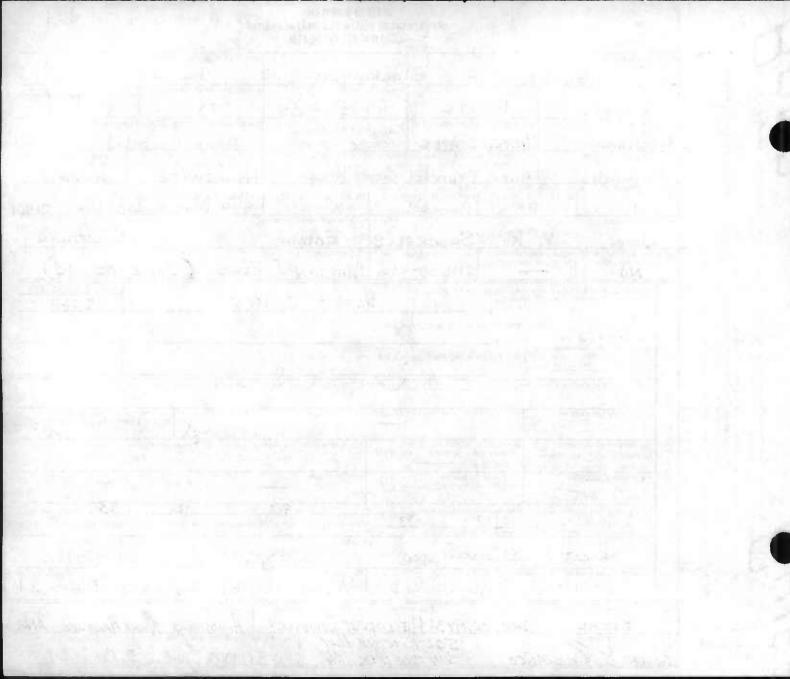
23c. NAME OF CEMETERY OR CREMATORY CEPHETERY 234 LOCATION ACITY OR TOWN

TERY HAMPOUS HANGARUNDEC 250. DATE REC'D. BY REGISTRAM 250. REGISTRAM'S SIGNATURE

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is morked or them 18 share ony

SOLES RITCIFIE HWY. SEVERING TORK , MR.



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

injury, or other troumotic event, th

IMPORTANT: If hem 21 is morked or herring show any

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		REGISTRAR				REG. NO.						
1		CEASED NAME	FIRST	-	MIDDLE	t	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
4		Pe	a ul S.	Bosle	y.			Decemb	er 10,1	1983	М	
	3. SE)	K	RACE		5. DATE C	F BUTTY 27 4 9	& AGE (IN YEARS LAST BI			IF UNDER 24 HRS		
1		Male.		Ca	u.		pt 27,1983	74	YRS.			
d	7a. BI	RTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY	E COUNTY C	OF DEATH		
Z		RTHPLACE (STATE OR		USA		WIDOWE		HH	t		MD.	
	OCITY OR TOWN OF DEATH			NAME OF	HOSPITAL, NUR	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND OF	BUSINESS OR	
ŕ				THIO I IN SUC	North	Arunde	1	Warehou	seman.	Smith	Pie Cp.	
130 STATE			ISD. COUNTY	HER INSTITUTION	13t. CITY OR TO		13d. INSIDE CITY LIMITS?	I NIOL UI eb Doi et D			226	
	14. FA	THER'S NAME) (OME _	LAST		15. MOTHER'S MAIDEN NA			LAST		
-	1	Jeff	ersonD.	Bosley	•		Catheri	ne F.Gill.		LASI		
2		VAS DECEASED EVER	IN U.S. ARME		21.3-03					h Point Rd.		
Ī		18 CAUSE OF DEAT	H (Enter only	ane cause per	fine far (a), (b),	2	APPROXIMA BETWEEN ON					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARding HERRST								Inn	7 4 of retto	
		4960			R AS A CONSEC	DUENCE OF	0-00			1,,	, ,	
		Canditians, if any		(b)_		(COPD			91	-5	
		gove rise to immediate cause (a), stating the underlying cause last.				Neumania	2		1 w	K		
	N	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING I		NOT RELATED TO THE TERM		IDITION GIVEN	N IN PART TO		
2	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	NDITION FOR WHICH OPERATION WAS PERFORMED			20s AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED OF DEATH?	
	RTIF							YES NO	YES		NO 🗌	
		21g. ACCIDENT WAS UN			216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW			HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)				
	MEDICAL	(IF EITHER, NOTIFY MED	CALEXAMINER)	P.M. 19		19						
	MED	214 INJURY OCCUR	HILE 🗀		218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET			CITY OR TO	NWC	COUNTY	STATE	
	4	saw the decease obove (1) (we) (ed alive on	12/9/	X3 19	, ,	19 19 nd that in (my) (our) opinion		late and hour		ha (We) last auses stated	
		22b. SIGNATURE	2	Clem	A decini.	DEGREE ATTENDING	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1/2/2/83					
		224. PHYSICIAN'S N	AME (TYPE OR P				220. ADDRESS MBRC	4.6	da/	/		
7.5	23a. B	SURIAL, CREMATION,		23b. DATE Dec.13		St. Ma	EMETERY OR CREMATORY	23d. LOCATION	.Md.	COUNTY	STATE	
		JNERAL DIRECTOR			,-,-,			LE REC'D. BY REGISTRAN	-00	AP'S SIGNATION	IDE .	
	24.10	THE DIRECTOR		1				0 4 0 4000	T. S. CO. S. K.	AK J JOH J	INC.	

DHMH - 16 50M 4/82

BP.

Paul E. Chenoweth 3617Chestnut Ave. Balto. Ed. (VRA 15, 4)

UEU 1 2 1983 /

December 13,1263 es til . Hosiqy. .eled 1 1 1 warmhondemna. Imith de p. alte. dele. atla X CLIMB .bi mio dal dell Jeffernow. Worley. . EZ M. - OC ME JE-28dww | 213-03-209 | Miliam G. Sonley, Siek Migh Point Md. .w.oriz

raul c. megowet, stinderthat avs. 2:00,00, c way

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	er francisk i	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed enthing a heavis offer death. Page 4 may retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and containing the funeral director, pay should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages 1 and 1 months with In 22 hours after dwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, or other troumatic event, the medical execution and the deducer.
DIVIS		TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After to should be detached for use as the with the State Dept. of Health and	IMPORTANT: If Hem 21 is marked

DHMH - 16 50M 4/82

(VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10.			ES
a. DATE OF DEATH	MONTH	VAC	YEAR	2b. HOUR
DECEMBER	2	1000		1 7 40

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		EST			
	CEASED NAME	FIRST		WIOOLE	L	AST	20. DATE OF DEATH	MONTH	QAY YEAR	2b. HOUR			
(ITPE	ORPRINT)	GNES		E.	BRA	DSHAW	DECEMBER	7, 1	983	1:40P A			
3. SE	X .		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HOAY)	MONTHS DAYS	IF UNDER 24 HRS			
1	Female		Whi	te	Dece	ember 1, 1911	72	YRS.	MONTHS DATS	MOOKS MIN.			
	RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	OF DEATH				
	risfield.	Md.	l	ISA	WIDOWE		ANNE ARI	UNDEL	COUNTY	MC			
19. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO			F BUSINESS OR			
1	GLEN BURN	NIE		RTH ARUND		SPITAL	Sales Cler	'K	B. G	& E			
13a. S	AL RESIDENCE (IF NUR	13b. COUN				134 INSIDE CITY LIMITS?	13e. STREET ADDRESS						
	Md.	F	\A	Glen Bur	nie	YES 💢 NO 🗌	514 Wimmer	Road	d. 2106				
I. FA	THER'S NAME		WIDOLE	LAST		15. MOTHER'S MAIDEN NAM			145	7			
V	Fletcher			Morris		Mary	Κ.		Frankl	in			
	VAS DECEASED EVER	R IN U.S. AR		166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS					
(res, no or unknown)	(IF YES, GIV	E WAR OR DATES)	217-07-74	191	Richard C. Br	adshaw, son.	same					
	18 CAUSE OF DEA	TH (Enter on	ly one couse per	line for (a), (b), and	~~~	112 MT ROOT 3-K	11110-		BETWEEN	MATE INTERVAL			
	TAKTIO		E CAUSE (0)	APPIO	KLSY	IFAICKET TA	THE		12429				
1	5843	5	DUE TO, O	R AS A CONSEQUE	NCE OF	AD L'EDPHOO	3 OF KIDNE	1/5	3	6428			
	Conditions, if ony gove rise to im	ons, if ony, which ise to immediate (b) Alutt TUBLIAR NECESIS OF KIDNEYS											
	couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF SHOCK							8Hps					
NO	40.00	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. MESTANTERIC VENOUS THOUSAND SIGNIFICANT OF THE PROPERTY OF											
ATK	19a. DATE OF OPERA	- 010	19b. COND		1 Dorf	OPERATION WAS PERFORMED 200 AUTOPSY?							
MEDICAL CERTIFICATION	12-5	-83	Aller	15 ABDO	muta /	1	YES TI NOT	TN CERTIF	FYING CAUSES	OF DEATH?			
CER	21a. ACCIDENT WAS UP	NDERLYING [WILL IN	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)				
AL	OR CONTRIBUTING		110	.M. MONTH DA .M.	Y YEAR								
Dig	21d. INJURY OCCUP		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	A/6-1	COUNTY	STATE			
¥	WHILE NOT W	VHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	***	COOMIT	STATE			
	22a.1 certify that	this hospi	tal) attended th	ne deceased from_	12-	5 19 89	_, to	7	19 85	that-(I) (we) lost			
	sow the deceo	sed alive an	1//	19-5	(3_, or	nd that in (my) (our) opinion o	death occurred on the do	te and hou	or and from the	couses stated			
	226 SIGNATURE	1	1	parer dedmi.		DEGREE	-/-		22c. DATE	SIGNED			
	1	1	100	WHI	2	MD ATTENDING PHYSICIAN	ORECTOR PHYSIC		12-2-83				
	228. PHYSICIAN'S	- 1		7 8 81	37.7	22e ADDRESS 7845	OAKWOOD RO	AD. #	201				
	ADOLFO	G. TO	RRES, M	.D.			BURNIE, MA						
230 5	RUPIAL CREMATION	PEMOVAL	Tash DATE	123/ N	AME OF C	EMETERY OR CREMATORY		2224	21001				

Sunny Ridge Mem. Park

(SPECIFY)
Burial 9 Dec. 83

Crisfield , Somerset, Md

24. FUNERAL DIRECTOR

James S. Kirkley, Glen Burnie, Maryland

DEC

9 1303

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offe

retained by the haspital or attending physician.

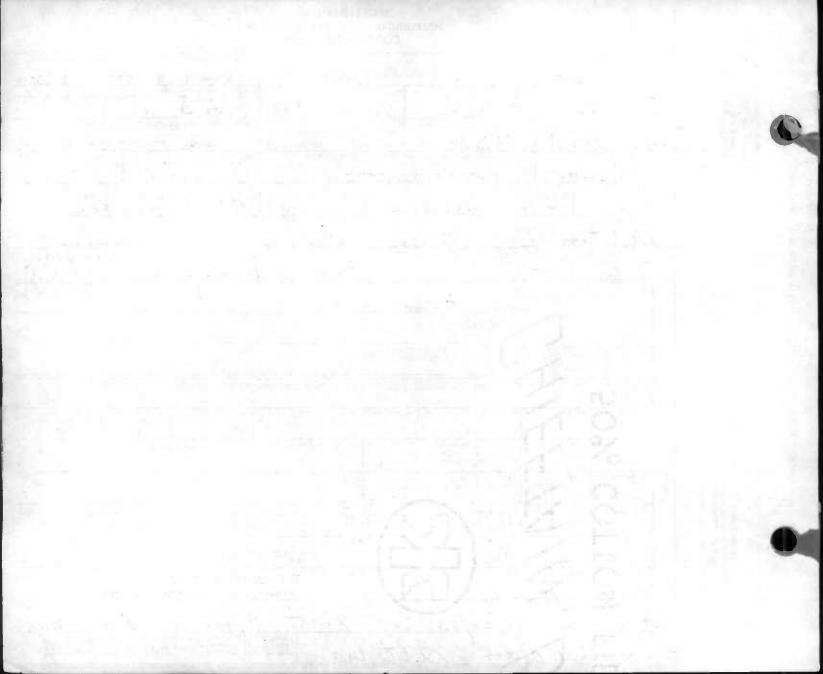
STATE OF MARYLAND

FEM CLE SIRTHPLACE (STATE OF FOCULATRY) May lan LITY OR TOWN OF DEAT	1 71	A. Leck NOF WHAT COUNTR	BRISCOE 5. DATE OF BIRTH MONTH DAY YEAR		B 1983	2b. HOUR 1:15A
EX TEM CLE BIRTHPLACE (STATE OF PC COUNTRY) M CUTY OR TOWN OF DEAT	A. RACE	lack	5. DATE OF BIRTH MONTH DAY YEAR			1:15A
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Many Can	1 71	NOF WHAT COUNTE	1 1 1 0		MONTHS DAYS	R IF UNDER 24 H
Many Can	1 71	OF WHAT COUNTR		28 3.2	YRS.	
CITY OR TOWN OF DEAT	a U	/ Y	MARRIED NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH	
1	22 24 24	SH	WIDOWED DIVORCED	2 11 11 12 23	RUNDEL COU	
	(IF NOT	EN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION REET ADDRESS!	120 USUAL OCCUPATION		OF BUSINESS
GLEN BURNI JAL RESIDENCE (IF NURSIN			DEL HOSPITAL	Domest	12 T	/
	A A	131. CITY OR TO		130 SIREET ADDRESS	nes Rd	W114
miltor	WIDDLE	(B) LAST	IS MOTHER'S MAIDEN	NAME	2.000	AST
WAS DECEASED EVER IT			CURITY NO. 17. INFORMANT	ADDRESS	Seven	n, me
110			dertude	Dailey - 50	08 Jone	oled
18 CAUSE OF DEATH	(Enter only one caus	e për line far (g), (b),	ond (c))		APPRO BETWEEN	XIMATE INTERVAL
		o) Bra	hot (and		240	Cus.
1749	DUE T	O, OR AS A CONSEC	QUENCE OF		/	
		p)				
couse (a), stating	the DUET	O. OR AS A CONSEC	QUENCE OF			
PART 2 OTHER SIGN	FICANT CONDITION	NS <u>CONTRIBUTING T</u>	O DEATH BUT NOT RELATED TO THE T	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1	10
19a. DATE OF OPERATION	ON 196 C	ONDITION FOR WHI	CH OPERATION WAS PERFORMED	20e AUTOPSY? 20	NE YES WERE FIND	INGS LISED
1 2 8	F PS				CERTIFYING CAUSE	
21a. ACCIDENT WAS UNDE			21c. HOW INJURY OCC			110
	OSE OF DEATH		DAY YEAR			
	D 21e. PL	ACE OF INJURY	211. LOCATION		50000	
WHILE NOT WHILE	E	ME, STREET, FACTORY, OFFIC	CE, FARM, ETC) STREET	CITY OR TOWN	COONIT	STATE
22e. I certify that (1) (1	this hospital) attend	ed the deceased from	m 12/13 , 19 8	3 10 12/10	, 19.83	, that (I) (we)
sow the deceased	d) (did not) view the	body after death	ond that in (my) (our) opin	on death occurred on the date	and hour and from the	couses stated
22b. SIGNATURE	en 19			MEDICAL STAFF	/	SIGNED
22d. PHYSICIAN'S NAM	AE (PPE OR PRINT)		1220 ADDRESS	Marian Manian Marian Marian Marian Marian Marian Marian Marian Marian Ma	11/	-/0
PHILIP H.	KONITS. M	. D.			ID 21225	
			BE NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION		STATE
	Canditions, if any, gove rise to immercuse (o), stating underlying couse PART 2 OTHER SIGNA 21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAN CONTRIBUTING CAN CHARLES (I) CONTRIBUTING CAN CHARLES (I) CONTRIBUTING CAN CHARLES (I) CONTRIBUTING CAN CHARLES (I) CONTRIBUTING CAN CONTRIBUTION CAN CONTRIBU	MAS DECEASED EVER IN U.S. ARMED FORCE (MEST YOOR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE T CAUSE (1) Stating the Underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 19b. CI 21a. ACCIDENT WAS UNDERLYING 21b. TI. OR CONTRIBUTING CAUSE OF DEATH HOU (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 1 WORK	WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED EVER IN U.S. ARMED FORCES? (IFYSTOOR UNKNOWN) IFYES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line far Ig), (b), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSECTION (b) DUE TO, OR AS A CONSECTION (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (c) 19a. DATE OF OPERATION 19b CONDITION FOR WHITE (FETTHER NOTIFY MEDICAL EXAMINER) 21a. ACCIDENT WAS UNDERLYING 19b CONDITION FOR WHITE (FETTHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21b. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFIN WHITE AT WORK AT WORK 15c. ACCIDENT WAS UNDERLYING 15c. ACCIDENT WAS UNDERLYIN	ATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEASED EVER IN U.S. ARMED FORCES? IMPORT ON INNOVAN IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line far ig), (b), and ic) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if 'any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING IF EITHER, NOTEY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE INJURY OCCUR	ATHER'S NAME MAD DECEASED EVER IN U.S. ARMED FORCES? MAD DECEASED EVER IN U.S. ARMED FORCES. MAD DECEASED EVER IN U.	ATHER'S NAME MADE MADE

DHMH - 16 50M 4/B2 (VRA 15, 4)

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24 SUNERAL DIRECTOR Oden 250 DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE



with mercan Adversary Photograph Commission visit of the morte of the start start and the and the state of

executed within 24 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

	1 -	FOR STATE REGISTRAR	DEPARTME	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 3	5 1	1 6
	1. DEC (TYPE	CEASED NAME FIRST STREET		S. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MO	883	FUNDER HRS
5		RTHPLACE (STATE OR FOREIGN COUNTRY)		MARRIED PNEVER MARRIED WIDOWED DNORCED	9. BALTIMORE CITY OR C	Frundel	MD.
3	USUZ	AL RESIDENCE (IMMURSING HOME OR		DAISSION)	13 STREET ADDRESS / Z	NORKING FEE INDUSTRY	401
21		CerNell	HANNADO BYONA	15. MOTHER'S MAIDEN NAI	ME, Me, Mas	Shingto Sizy	N
1		INO	216-34-14	09A Richard E.	Brown-A	NN2 Md 2	1401 TE INTERVAL SET AND DEATH
ĝ	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEN (b) WAN DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE	ICE OF ACE OF ATH BUT NOT RELATED TO THE TERM Failure, Path	Logic obesi	TION GIVEN IN PART TO	
9	MEDICAL CERTIF	710. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	Y YEAR 19 211. LOCATION		IN ITEM 18. PART (OR PART 2)	NO []
3	ME	WHILE NOT WHILE AT WORK 27a. I certify that (I) (this haspi	(AT HOME, STREET, FACTORY, OFFICE, FAR	3. ond that in (my) (our) opinion of DEGREE	to Dec 8 death occurred on the dote MEDICAL STAFF DIRECTOR PHYSICIA	1983_, the e and hour and from the car	
1	23a E	22d PHYSICIAN'S NAME (TYPE O	V. Kinzer, M	D. Anna Polis	Maryland 1236 LOCATION CITY OF TOWN 1	COUNTY	ST eye
		UNERAL BUY 19 I	12/13/83 PA	e Lawn Mem. TK al West St 1250 DAT NAD. Md, DI	· ANNA POLIS	h. REGISTRAR'S SIGNATUR	Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other troumatic event, the medical examine (must be travilled at once TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Ferained by the haspital ar attending physician.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filled — think with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the medical exc

IMPORTANT: If them 21 is marked or them 18 shows any

age 4 may be

		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	-
HAM	MIDDLE	BROWN	2a. DAT	E OI

	REGISTRAR			1	CERTIF	CATE OF DEATH	REG. N	0.		
	CEASED NAME OR PRINT)	IHA.	M '	AIDDLE	4	LOUN	2a. DATE OF DEATH	12 j	7 83	26 HOUR 8AM
SEX	MAIL	1	Whi;	18	S. DATE C	26 09	6 AGE (IN YEARS LAST BE	YRS.	IF UNDER LYEAR	IF UNDER 24 HRS
	RTHPLACE (STATEORF		U.S.A.	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	Anne Aru		OF DEATH	MD.
, k	TY OR TOWN OF DEA		Anne A	rundel G	enerr	or other institution al Hospital	12a USUAL OCCUPAT (1YPE OF WORK FOR MOST O	OF WORKING LIFE	INDUSTRY	OF BUSINESS OR
130. S	aryland ATHER'S NAME	AnneAr	undle	Churchto	VN	13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS 5533 Glouc ME	/ ZIP CODE	St 20	833
te 16a V	William I. VAS DECEASED EVER		Sr. D FORCES?	16b. SOCIAL SECI	JRITY NO.	17 INFORMANT	1 M Harris	ESS 2	0833	
C	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	578 01 8	973	Mrs EDith Br	own 5533 G1			Md.
TION	Canditions, if any, gove rise to imm cause (a), statin underlying cause	last.	DUE TO, OF	or Entropy	ENCE OF	NOT RELATED TO THE TERM		IDITION GIVE		
CERTIFICATION	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM TO PA	RT 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURR	ILE	21e, PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CHYORTO	own /_	COUNTY	SIATE
	22a I certify that (I) saw the decease above the swild 774 SIGNATURE	er sive on	12/6	19		nd that in (my) our) opinion DEGREE	, ta/ 2—/ death occurred on the d	lote and havi		tha (11) we) last causes stated E SIGNED
	22d. PHYSICIAN'S NA	ME (TYPE OR PE	in			ATTENDING PHYSICIAN [MEDICAL STA			
	Eu	100	LEI	7		51 FRANKLIN ANNAPOUS Nd 214				
	BURIAL, CREMATION.	REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE

Burial Dec 10.1983 B Crestlawn
Parry H Witzke 4112 Columbia Rd Ellicott City Dec 10-1983B BP. (VRA 15, 4)

FOR STATE

250 DATE REC'D

Howard County

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2 1983

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DHMH - 16 50M 4/83

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Anapolis Anne Arundel : enerral Hospital Ketir a lasurance adjuster

Anne Arundle

20833 if reduced ter it ar land Anne trank le Churchton

late William & Drown Sr. iate Chnel H Unrris

578 UL 8973 Mrs Lulth brown 5533 Cloucuster ST Churchton

urial Dec Lalland Grestlawn

Marry W Witzke 4112 Columbiand Ellicott City

CARRO LOURS

	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 3	3 .NO.	1 5	4 8 EST
		CEASED NAME FIRST		WIDDIE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
deoth	(TYPE	JAMES	TAI	TILLIS B	RUCE		DECEMBE	D 7	1083	545 AM
poge er deot	3. SE)		4 RACE	TIALIO D	S. DATE	OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER I YEAR	(F UNDER 24 HRS
urs ofte	N	íale	White		MONT	27, 1917	66	YRS.	MONTHS DAYS	HOURS MIN.
dire		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	0		9 BALTIMORE CITY		Y OF DEATH	
72 72	T.C	ouisiana	U.S.2	^	WIDOW	ED NEVER MARRIED	ANNE A	RUNDEL	COLINITA	MD
d within		TY OR TOWN OF DEATH			1	OR OTHER INSTITUTION	12a USUAL OCCUP.	ATION	12b KIND C	OF BUSINESS OR
EAL.		II THE DIMENTED	(IF NOT IN SI	JCH FACILITY, GIVE STREET	ADDRESS)	ZELA T	TYPE OF WORK FOR MO			7
241		SLEN BURNIE	NOK IT	ARUNUEL.	HUSPI	TAL	Self-Em	p. (Re	ст на	rdware
1 25	13a S	AL RESIDENCE (IF NURSING HOME C TATE 13b. COU	NTY Anne				13e STREET ADDRES			
EL	_	ryland Aru	ndel	Linthi	cum	YES NO X		st St	reet (21090)
温力的	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LA	51
(30t)		James	Α.	Bruce		Willie	E		O'Re	ar
medical		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT (Wi	fe)	DRESS		
medica			/A	435.03.	3461			(same	as #	13)
signed by the otter hen please remove o o burial, cremation, jury, or other troum	NO	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)_ CONDITIONS	CONTRIBUTING TO	DEATH BU	Deb, 1, + o	LIVY MINAL DISEASE OR CO	ONDITION GI	IVEN IN PART 1	(0)
ygiene prior shows ony in	CERTIFICATION	190 DATE OF OPERATION	7		OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDS	
buriol-fronsit p Mentol Hygiei or Item 18 shor	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR	P.M.	AY YEAR		RRED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
rh and M orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, I	FARM ETC)	211 LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
Heol is m		22a. I certify that (1) this has sow the deceased alive c above (1) we) (did) (aid i	0 /2-	6 19		and that in my) (our) opinion		e date and ha	our and from the	the (we) lost couses stated ESIGNED
1 0 0		226 SIGNATURE	150	en		ATTENDING		STAFF SICIAN []	12	- 7- 33
RAL DIREC		Edware 22d PHYSIGIAN'S NAME (17PR Edward	140	rmay		PHYSICIAN 22e ADDRESS 742 GIEN BURN	DIRECTOR PHY 2 BALTIMOR THE MARYL	SE-ANNA		OULEVAR
oched Dept. If Item		224 PHYSIGIAN'S NAME (TYPE	J 4 e	230	NAME OF	PHYSICIAN 22e ADDRESS 742	2 BALTIMOR 13d. LOCATION CITY OF TOWN	KE-ANNA		SOULEVAR

DHMH - 16 50M 4/83 (VRA 15, 4)

Singleton Fuheral Home Glen Burnie, MD DEC 1 3 1983

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI

2b. HOUR

12b. KIND OF BUSINESS OR

URIGHT

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12000.

NO [

STATE

YES [

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22c. DATE SIGNED

IF UNDER I YEAR

MONTHS DAYS

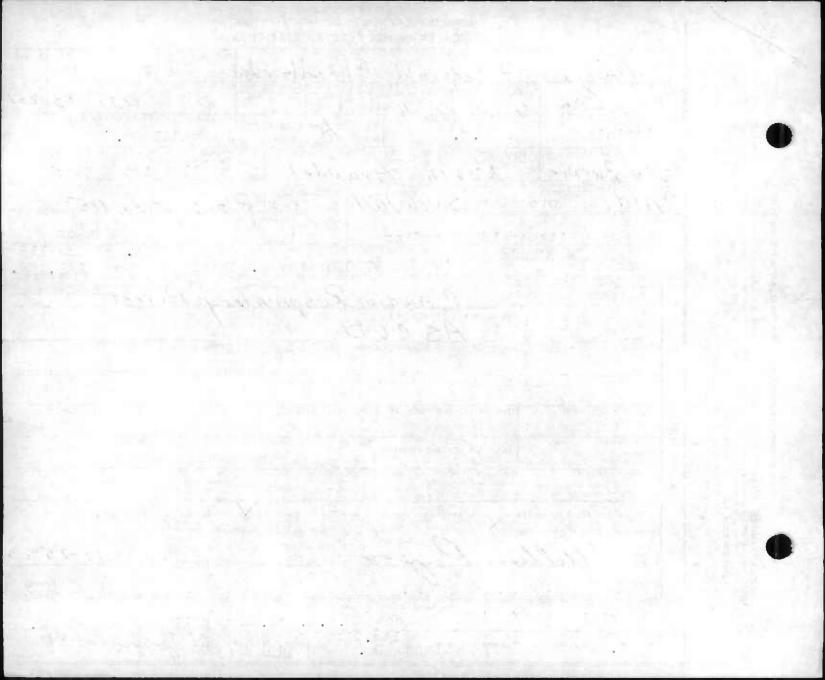
DHMH - 16 50M 4/82 (VRA 15, 4)

Marie California de la California de la

BP_

DHMH - 17 (VR A15 ME (5)) 15M 7/76

1		FOR		ST DEPARTMENT O	ATE OF MAR		GIENE	3 1 5	5 0	
		STATE REGISTRAR	M	EDICAL EXAMI	NER'S CER	TIFICATE OF	DEATH RE	EG. NO.		
		CASED NAME FIRE	7:1	2gerald	Cha		Jr. 20. DATE KNOV OF EST DEATH MATE	ED &	19	2b HOUR M
	3. SEX	Male CAn	5 DATE OF BIRT	4 13 70			PRONOUNCED DEAD	IZJ5	5 19 3	128 HOUR
3	FOR	Virginia		• S •	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Arund			MD.
4	G	LEN BURNI	LIF NOT IN SUCH	OSPITAL, NURSING HOL FACILITY, GIVE STREET ADDRES	Arux	ide/	o usual occupation for most of working it Metallu	(FE)	or industr Steel	Y
3	JSUA 3a. S1		Me or other institution, ounty forcester	13 CITY OR TOWN	1/1/1/136.	INSIDE CITY LIMITS?	RE 3	Box	115	3
3		THER'S NAME FIRST Carson Fi	tzgerald	Chandle		MOTHER'S MAIDEN Edith	NAME		Walsh	
2		(AS DECEASED EVER IN U.S. NO, OR UNKNOWN) (IF YES	S. ARMED FORCES? , GIVE WAR OR DATES]	179 09		rothy B		r Snow	3 Box Hill.	115 Md.
	N	18 CAUSE OF DEATH (Ent PART I DEATH WAS CAUSE OF LONG I DEATH WAS CAUSE OF LONG I DEATH (Ent PART I DEATH OF LONG I DEATH OF L	AUSED BY: EDIATE CAUSE (o) Unlich diote ander- DUE TO, C (c)	DR AS A CONSEQUENCE	UD E OF	0	tory /	trrest	BETWEEN ONSET	AND DEATH
9	CERTIFICATION	190. DATE OF OPERATION	19b. CON	DITION FOR WHICH OP	PERATION WAS P	ERFORMED?			20 AUTOPSY?	NO 🗆
3		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE	HOUR A	OF INJURY M. MONTH DAY YE	AR 21c. HOW I	NJURY OCCURRED	ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART		
2	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLAC	E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	211. LOCATI STREET		CITY OF TOWN	COUNT	ΤΥ	STATE
ALL MAKELAND, CLIS	72a Di	death resulted from: ACTUAL SIGNATURE	Notural couses	ones, M.D.	Suicide ,		Undetermined monner MEDICAL EXAMINER METICA CT. I	DATE SIGNED:	12-25	
)	24. FL	PECIFYI burial JNERAL DIRECTOR	12/28/8	83 Thatc Bal	oat U.I	1.C.Cem.	Snow Hill C'D. BY REGISTRAR 256		ster. M	ATE
						200				



- STATE REGISTRAR DECEASED NAME

TYPE OR PENUL!

CTATE OF MADVIAND

JIMIL OF MAKILAND	25
DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	

	CERTIFICATE OF DEATH	REG. I	NO.			-	
CE.	LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR
	Christensen	/	12	178	33	7:4	10 /
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST E	BIRTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HR
	Jan 2 1896	07		MONTHS	DAYS	HOUR5	AIN

Peter Male **BIRTHPLACE** CREATE OF FOREIGN COUNTRY

Th CITIZEN OF WHAT COUNTRY!

MARRIED A NEVER MARRIED WIDOWED DIVORCED

Ann Arundel 120. USUAL OCCUPATION

MIDDLE

Carpenter-Se

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Employed

Denmark

Ann Arundel General Ann Arundel Riva

136. INSIDE CITY EIMITS? YES X NO [

Hospital

130. STREED 98 Tudor 15. MOTHER'S MAIDEN NAME

FL FATHER'S NAME Carl Carl

Christensen

Laura 17. INFORMANT

Hansen ADDRESS

18s. WAS DECEASED EVER IN U.S. ARMED FORCES? "None"

MIDDLE

4. RACE

White

166. SOCIAL SECURITY NO. 579 03 9391

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Anna E. Christensen (Wife) Same

IL CAUSE OF DEATH (Enter only one chuse per live for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY

couse (a), stating underlying couse last

DUE TO: OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

194 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
		YES NO	YES NO
21s. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	URRED (ENTER NATURE OF INJUI	IV IN ITEM 18 PART 1 OR PART 2)

DEGREE

OF ESTHER, INCOME WEDICAL EXAMINERS 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHAT I

21f. LOCATION

COUNTY CITY OF TOWN

220.1 certify that (1) (this haspital) attended the deceased fram

and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

STATE

23b. DATE

PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SJGNED

22e ADDRESS

Burial

12/20/83

231. NAME OF CEMETERY OR CREMATORY Prospect Hill

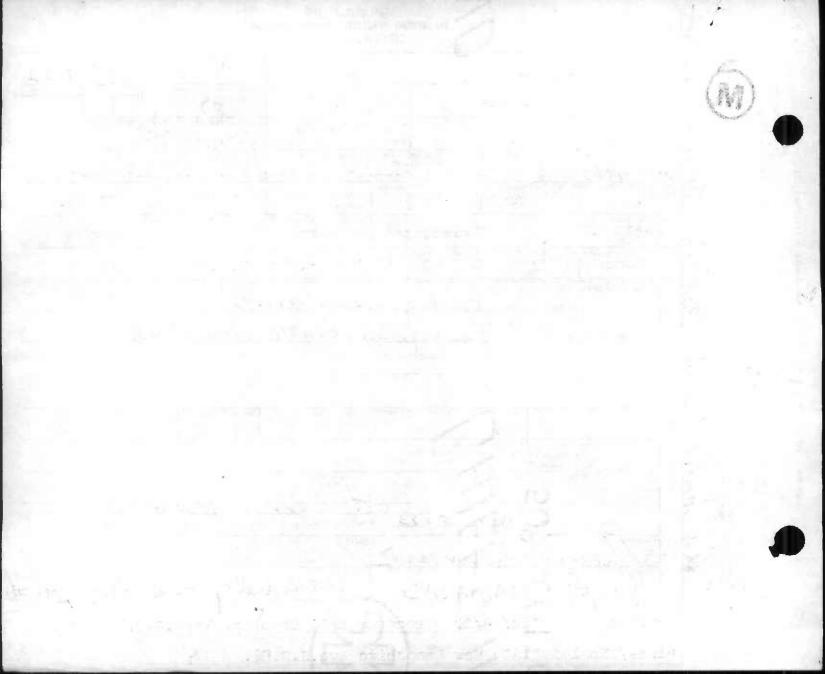
COUNTY STATE

24. FUNERAL DIRECTOR

Cemetery Wash.D.C.

Hines/Rinaldi 11800 New Hampshire Ave.S.S.MC

DHMH - 16 50M 4/82 (VRA 15, 4)



requires that the death certificate be executed within 24 hours ATTENDING PHYSICIAN: The law

director, page 3 burs after death

STATE OF MARYLAND

1	1 -	STATE REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO		
ħ	DEC	CEASED NAME FIRST	MIDDLE	AST		ONTH DAY YEAR	26. HOUR
	Į (III)	Sami	1el Edgar C	Jark	10	2-12-83	250
	SEX	male	white 8		6. AGE (IN YEARS LAST BIRTHI	DAY) # UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
1		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH	
1	D	ippa. Ma	WIDOWE WIDOWE	D DIVORCED	ANNE	Heundel	MD.
1	·f	DNapolts	7.0.1		128 USUAL OCCUPATION OF OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	Servic
1	I3a S	AL RESIDENCE I IF NURSING HOME OR O TATE 136 COUNT A. P	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 130 CITY OR TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	duit 37	40,1 ect
7	A FA	11 11	onse Clark	15 MOTHER'S MAIDEN NAM	MIDDLE	Low	man
	6a W	(AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) (IF YES, GIVE W		John N-WIL	son Jr	s Same o	L3
ſ		PART I. DEATH WAS CAUSED	1/// #34553-#1	Kneem	Drin	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
ı		2500	DUE TO, OR AS A CONSEQUENCE OF	0 1/2			
١		Canditians, if any, which gave rise to immediate cause (a), stating the	(b) Produce	ALCON.	7		
1		underlying cause last	DUE TO, OR AN A CONSEQUENCE OF	1 Melle	ler		
	NO	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to death</u> but	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN PART 16	01
7	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, WERE FIND IT IN CERTIFYING CAUSES YES	
	-	218, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	d COUNTY	STATE
		220 Certify that (1) (this haspito saw the deceated alive an above, (1) (we plant) (did nat)		nd that in (my) (aur) opinion de	eath accurred on the dat	te and have and from the	that (I) [we] last causes stated
		Th. SIGNATURE		DEGREE ATTENDING PHYSICIAN (1)	MEDICAL STAFF		SIGNED C2
1		THE PHYSICIAN'S NAME (THE OF	and Care	11 ADDRESS	time of D	on coult's	mil
	730 B	URIAL, CREMATION, REMOVA	236 DATE 230 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	sour s	STATE
-	M FU	INCLAID INCLAID	Dec 14,1983 [Codo	EY DILLT	Hong ool	Sh REGISTRAR'S SIGNAT	URE
1	a	ytor Tunera	1 Chapet Annapo	1 - Wall DEO	1 4 1083 8	lun 2. Cale	isa
_							

DHMH-16 25M (VRA 15, 4) 1/79

TO HOSPITAL

BP_

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

any injury, or other traumatic event, the

IMPORTANT: If Item 21 is marked or Lem 14 w

FOR

A STATE OF THE STA Somethic Of the solid I sold with the Alexander the text of the second 401 (the entergraph algorithm to the second Late of the second Country of the second design day of the second within 24 hours ofter death.

or other troumotic event, the

marked or Item 18 sh

MPORTANT: If them 21 is

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINTI 3. SEX should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 70. BIRTHPLACE I STATE OF FOREIGN 10 CITY OR TOWN OF DEATH CrowNoul USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130, STATE 13b, COUNTY 14 FATHER'S NAME

underlying

cause

lost

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTH

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

AIRFIELD NUR INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13c. CITY OR TOWN

ANNAPOLIS

4 RACE

	REG. NO.				
	20. DATE OF DEATH MONTH	H DAY	YEAR	2b. HOU	IR
	12	6	83	11	50
_	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNI	OFR 1 YEAR	IF UNDER	24 HRS
	89	MONTH YRS	S DAYS	HOURS	MIN.
	BALTIMORE CITY OR CO.	LINITY OF D	EATH		

		1
IEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA

130 STREET ADDRESS SAMITA

U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	
NAME OF HOSPITAL, NUI	ISING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO
(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS) .	LITYPE OF WORK FOR MOST OF

94

HOM

NOF

13d INSIDE CITY LIMITS?

a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFET INDUST TO STATE OF WORKING LIFET INDUST TO STAT	IND OF BUSINESS OR STRY

STATE

FIRST /	Yenry C	DATES	FIRST P N	MIDDLE V	LITALIAST
160. WAS DECEASED EVE (YES AGGRUNKNOWN)	ER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	WINFORMANT LUCILLE F	Arric-5	Admiral Dr.
18 CAUSE OF DE. PART I. DEATH	ATH (Enter only one couse pe WAS CAUSED BY: MAMEDIATE CAUSE (0) DUE TO, C	or line for 10), (b), and (c).) Metast OR AS A CONSEQUENCE OF	atic ca	ncer	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
Conditions, if or gove rise to i couse (a), sta	mmediate	DR AS A CONSEQUENCE OF			

YES 🗾

PART 2	OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING	TO DEATH BU	TONT	RELATED	TO THE	TERMINA	DISEASE	OR CONDI	TIONG	IVEN IN P	PART I	1

L CERTIFICAT	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	NGS USED S OF DEATH?	
				YES NO	YES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
0	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
MED	21d INJURY OCCURRED	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE

(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	

22a.1 certify that (1) (this h	ospital) attended the deceased	from, 19	, to	, 19, that (I) (we) los
sow the deceased alive	e on d not) view the body ofter death	19 and that in (my) (our) opinio	on death accurred on the d	ate and have and from the causes stated
22b. SIGNATURE	111	DEGREE		22c. DATE SIGNED

K. Pototo	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22. ADDRESS	

1	230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OF CREM	ATORY , 23	d LOCATION	2 1/4	
1	The Elisa	10-9-07	(h 1-	la conta	~ 11.111	CATOWN	DON'TY A	STATE
J	PUVIAL	12 100	CITI	DENJEE-	5 1714	. Servers	MATHE	NC
1	24 FUNERALDIRECTOR	TIALINA	1.1.0/	Kr -	25a. DATE REC	D. BY REGISTRAR 256. I	REGISTRAR'S SIGNATURE	
1	(, E, /+/C/10 4	11/VN ANG	45L/S-3	/Ad,		0,000 U	1 9. Calus	14
4	017-11/01/3	/ /			DEC.1	2.1983	and the same	30

DHMH - 16 50M 1/81 (VRA 15, 4)

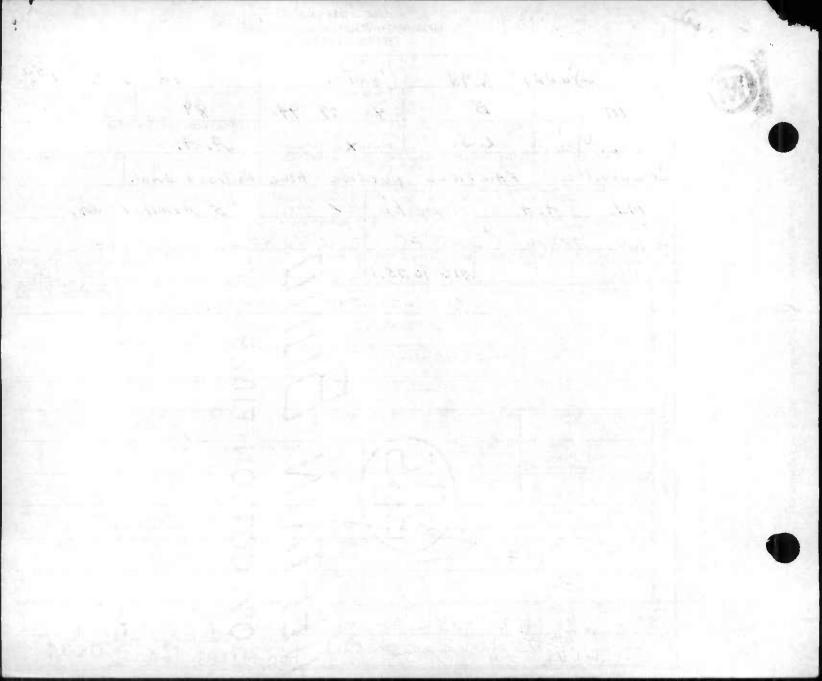
or offending physicion. PHYSICIAN: The

OR ATTENDING

TO HOSPITAL

etoined by the hospital

BP.



		CEASED NAME FIRST	MIDDLE		LAST	26. DATE OF DEAT		AY YEAR
		ROBE			COSTIN	NOVEMBER AGE (IN YEARS LAS	19, 198	IF UNDER 1 YEAR
	3. SE		4 RACE	MONT	OF BIRTH TH DAY YEAR	1	T BIRTHDAY)	ONTHS DAYS
	2	Male	White		ct. 21, 1921	62	YRS.	OF DEATH
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Manyland	76. CITIZEN OF WHAT CO	MARRII WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CIT ANNE ARUN		
4	No.	TY OR TOWN OF DEATH SEN BURNIE	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G NORTH ARUN]	INF STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUP		126. KIND OF INDUSTRY
35	136. 5	AL RESIDENCE (IF NURSING MOME STATE 13b. CO	DUNTY 13c. CITY	NCE BEFORE ADMISSION! OR TOWN timore	13d. INSIDE CITY LIMITS? YES X NO	136. STREET ADDRE 2324	Sidney.	Avenue
200	}	THER'S NAME Maurice	MIDDLE (ostin	15. MOTHER'S MAIDEN NA	AME ENDO	zabeth	Se
dicol		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOC	IAL SECURITY NO.	17 INFORMANT	AD	DRESS	,, .
E /		11	W 2 212-	12-2794	Dorothy M.	(ostin	Same as	#13
ther traur		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CE	ONSEQUENCE OF	al into	mes.		
s any injury, or ather traur	FICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN LIGHT 19a DATE OF OPERATION	DUE TO, OR AS A CE (c) PO NT CONDITIONS CONTRIBUT 196 CONDITION FOR	SOLORIS NSEQUENCE OF LY CY TO ING TO DEATH BU LIMITED OPERATION R WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY	WERE PINDIN
shows any injury, or ather traur	ERTIFICATION	gove rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN LUENT 190 DATE OF OPERATION 10-26-83	DUE TO, OR AS A CE (c) POPULATION CONTRIBUT 199 CONDITION FOR Broncoge	SOLORIS NSEQUENCE OF LY CY TO ING TO DEATH BU LIMITED OPERATION R WHICH OPERATION	To my due ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE PINDIN
sm 18 shows any injury, or ather traur	AL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 10-26-83 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CO (c) PO NT CONDITIONS CONTRIBUT 196 CONDITION FOR Broncoge 216. TIME OF INJURY HOUR A.M. MON	INSEQUENCE OF LY CY TO THE TOTAL BUT THE CATTOR THE CAT	ON WAS PERFORMED 21c. HOW INJURY OCCUI	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE PINDIN
rked or Item 18 shows any injury, or other traur	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 10-26-83 218. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CO (c) PO NT CONDITIONS CONTRIBUT 196 CONDITION FOR Broncoge 216. TIME OF INJURY HOUR A.M. MON	PNSEQUENCE OF LY CY V ING TO DEATH BU LEMENT CO. R WHICH OPERATIO THIC CO.	ON WAS PERFORMED 21c. HOW INJURY OCCUI	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE PINDIN
m 21 is marked or frem 18 shows any injury, or ather traur		gove rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 10-26-83 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIPE ITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	DUE TO, OR AS A CO (c) NT CONDITIONS CONTRIBUT 196 CONDITION FOR Broncoge 216. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR 23spitol) attended the decease	NSEQUENCE OF LY CY TO DEATH BU WHICH OPERATIO THE CA. NTH DAY YEAR 19 Y Y Y OFFICE, FARM, ETC.) In of from 16 In y y 2 In office, FARM, ETC.)	211. LOCATION STREET 214. How injury occur 215. How injury occur 216. How injury occur 217. LOCATION STREET 218. How injury occur 218. Location 219. January of the control of the contr	200 AUTOPSY? YES NOT	205. IF YES, IN CERTIFY YES INJURY IN ITEM 18. PA	WERE PINDIN ING CAUSES TO THE PINDIN ING CAUSES COUNTY Ond from the county
NT: If Hem 21 is marked or Hem 18 shows any injury, or ather traur		gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 100 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 216. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has saw the deceased alive above. (A) (we) (did) (did) 22b. SIGNATURE	DUE TO, OR AS A CO (c) POPULATION OF THE PROPERTY OF THE PROPE	NSEQUENCE OF LY CY TO DEATH BU WHICH OPERATIO THE CA. NTH DAY YEAR 19 Y Y Y OFFICE, FARM, ETC.) In of from 16 In y y 2 In office, FARM, ETC.)	211. LOCATION SIREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NOT	205. IF YES, IN CERTIFY YES INJURY IN ITEM 18. PAINTOWN ATTOWN THE dote and hour	WERE PINDING CAUSES RET I OR PART 2) COUNTY
MPORTANT: If Nem 21 is marked or Nem 18 shows any injury, or ather traur	MEDICAL	gove rise to immediate cause (0), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 10-26-83 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIPE ITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	DUE TO, OR AS A CE (c) NT CONDITIONS CONTRIBUT 196 CONDITION FOR Broncoge DEATH HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTOR 355pitol) attended the decease on Root) view the body after deat PE OR PRINT! VZ., M. D.	PNSEQUENCE OF LY CY NOTO DEATH BU LIMIT OF ATTIC THE CA. NTH DAY YEAR 19 Y Y Y TY, OFFICE, FARM, ETC) Th. LY LY LY LY LY LY LY LY LY L	21c. HOW INJURY OCCUI 21L LOCATION SIREET DEGREE ATTENDING	200 AUTOPSY? YES NOT NOT NOT CITY OF A death occurred on the DIRECTOR PH	205. IF YES, IN CERTIFY YES INJURY IN ITEM 18. PAINTOWN AT THE CONTROL OF THE CO	WERE PINDING CAUSES RT 1 OR PART 21 COUNTY 9 22 ond from the

STATE OF MARYLAND

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vound, 2/23)	23% idney	The second		allely time time	land well
Jungerray	laster 13	zwww.	11,212	.0.	sairno i
			y land also		.0.
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TO FUNERAL DIRECTOR. After the conflicte has been upped by the ottending physician and completely filled in by the funeral director, hould be detached for use on the burild-month perm. Then please remove corbon popers. Pages Found 2 should be filed within 72 hours often the State Dept. of Health and Mental Hygiene prior to burild, cremotion, or removal.

nivry, ar other troumotic event, the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRA	R			CERTIF	ICATE OF DEATH	REG.	NO.		
I. DECEASED NA	ME FIRST		MIDDLE	-	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
(TYPE OR PRINT)	WILL	MAI		(CROWNER		12 2	8 83	620p
3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
MALE		BLACK		MONTH 12	2 25 10	73	YRS.		MIN.
O. BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	- D NEVER WARRIED TO	9. BALTIMORE CITY		OF DEATH	
MARY LAN	D	U.S.A		WIDOWE	D NEVER MARRIED X	ANNE	ARUNDEL	COUNT	Y MI
0. CITY OR TOW	N OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
CROWNSV.		FARIF	TELD NURS	SING F	HOME	TITPE OF WORK FOR MOS	I OF WORKING LIFE	INDUSTRI	
USUAL RESIDENT 130. STATE MARYLAN]	D A.	INTY	13c. CITY OR TOW GALESV	/N	13d INSIDE CITY LIMITS?	13e STREET ADDRES Bennii	ng Road	20:	165
4 FATHER'S NA		MIDDLE	1153		15. MOTHER'S MAIDEN NA				
WIL	LIAM	MIDDLE	CROWNER		CHARLO	TTE MIDDLE		CROWN	ER
	SED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17. INFORMANT		DRESS	Ma	21401
(YES, NO OR UNK	(NOWN) (IF YES, G	IVE WAR OR DATES)	215-09-0	0667	HAROLD BADEN	1966 Fores	tabrive	, rid.	21401
18 CAUSE	OF DEATH (Enter of	only one couse per	line for (a), (b), an	id (c/l.)	,			BETWEEN	XIMATE INTERVAL
PART I.	DEATH WAS CAUS	SED BY: ATE CAUSE (0)	Cardia	0	went			unn	re divi
4	100		R AS A CONSEQUI	-	A . /3				111
Condition	s, if ony, which	(b)	Murca	elduk	Meren			13	a 4 21
	to immediate	DUE TO O	R AS A CONSEQUI	ENCE OF	2 1				
underlying		DOE TO, O	Cardia	vara	ules disease	1			
	RESIGNALANT	Sherof C	Y (I A C)	Ve But	ules disease NOT MELATED TO THE TERM	NINAL DISEASE OF CO	NOTION GIVE	N IN PART I	(0)
AND THE CALLED	OF OPERATION	IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	70s AUTOPSY7	IN CERTIFY		INGS USED S OF DEATH?
71s. ACCIDE	NE WAS UNDERLYING			YA (12-12	21c HOW INJURY OCCUR	RED (ENTER HATURE OF P	STATE IN TEACH IS PA	AT 1 GR PART 31	
	UTING C CALLE OF D	911.00		AY YEAR					
<u> </u>	V OCCURRED	Ne. PLACE	OF INJURY		711 LOCATION		White	countr	11419
NOW IN	OT WHEE	FAT HOME: 110	RES, FACTORY, OFFICE, F	HARM, ETC.)	19881	citros	- LOWING	COUNTY	224
_	y pat (1) (this has	nital) attended th	e deceased from	Dee	1080	10 PEC	28	083	that its tweeten
/ saw ti	he decepted glive o	- Deeg	28 15	330	nd that in (my) (our) opinion	death accurred on the	date and hour	and from the	r courses stated
77h SIGNA	rose / did idid	If were the yorky	after death.	1	DIGNEE			22s DATE	E SIGNED .
	MULL	111/11	0111	1 11/	ATTENDING)	MEDICAL S	TAFF	12	121/62
224 PHVS	MNS NAM	DE PRINCIP	CCC	101	T274 ADDRESS	DIRECTOR [] PHY	SICIAN [_]	11-	12/0
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BURTAL CRE	MATION, REMOVA	1-3-19	CARL CONTRACTOR		EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN	411	COUNTY	Manager
	Anna:			DAN DEZ EG	R A.M.E. CHURC				Maryland
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DHMH - 16 50M 4/82 (VRA 15, 4)

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ned by the hospital

- article correct who it is but all the property was the word or plant Therap don't TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 1 with the State Dept. of Health and Megtal Hygiene prior to burial, cremotion, or removal.

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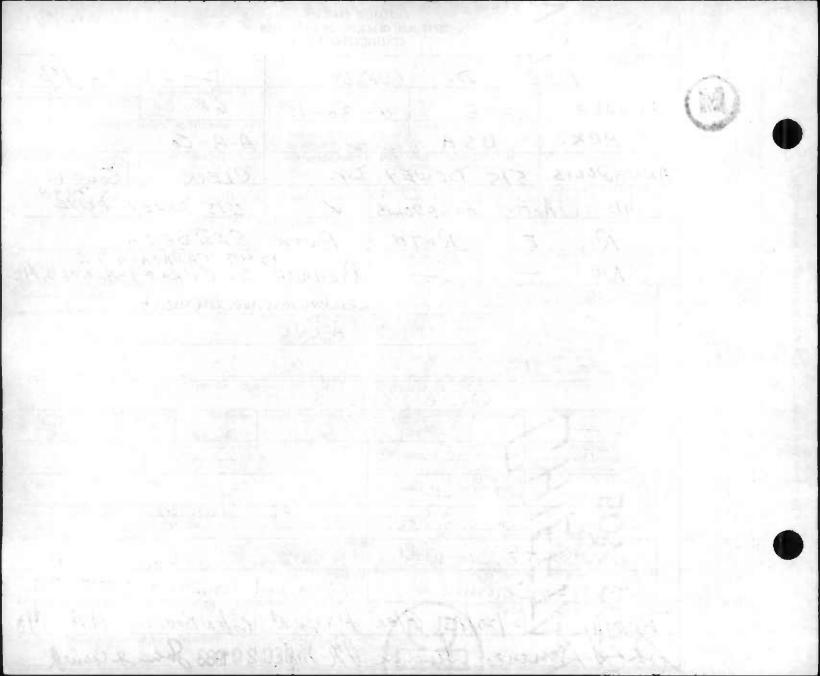
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTII	ICATE OF DEATH		6. NO.		
	CEASED NAME E OR PRINT)	ALICE	MI	D.	CUI	RLEY	20 DATE OF DEAT	- 23 -	83	26. HOUR
3. SE	FEMALE	4. R	WHIT!		S. DATE C	OF BIRTH	6. AGE (IN YEARS LA	MC	UNDER I YEAR	HOURS
	IRTHPLACE ASTATE OF F		V / -	HAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY C	OF DEATH	
10. C	NNAPOL	ATH 11.		OSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUI		12b. KIND C INDUSTRY	
	AL RESIDENCE (IF NURS	13b. COUNTY		134 CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRE	DEWEY	1 :	2140
14. FA	ATHER'S NAME	MIDO	DIE	Ro	TH	15 MOTHER'S MAIDEN NA	SAN	DERS	LAS	57
	WAS DECEASED EVER	IN U.S. ARMEI		166. SOCIAL SECU	JRITY NO.	PIPHARP	> 47 Th	PRIARAC	KTI -ARK	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only o /AS CAUSED B IMMEDIATE C	Y: AUSE (a)	as a CONSEQU		Cerebrovas	cular acc	ident	BETWEEN	MATE INTERVONSET AND D
	Conditions, if any, gave rise to immove (a), statin underlying couse	nediote ng the	(b)	AS A CONSEQU		ASCVD			460	(1/2)
			(c)	NTRIBUTING TO		NQT RELATED TO THE TERM	NINAL DISEASE OR C	ONDITION GIVE	N IN PART III	0.
TIFICATION		NIFICANT CON	50	zueve	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	VGS USED
AL CERTIFICATION	PART 2. OTHER SIGN 190. DATE OF OPERA: 210. ACCIDENT WAS UNION	TION DERLYING CAUSE OF DEATH	19b CONDIT	OUR VE ION FOR WHICH INJURY MONTH D	DEATH BUT	SPO	200 AUTOPSY?	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED
MEDICAL CERTIFICATION	PART 2. OTHER SIGN 19a. DATE OF OPERA: 21a. ACCIDENT WASLING	TION DERIVING CAUSE OF DEATH CALEXAMINER) RED	21b. TIME OF HOUR A.M. P.M.	OUR VE ION FOR WHICH INJURY MONTH D	DEATH BUT CO HOPERATIO AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED
	PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNIT OR CONTRIBUTING (1/8 ETHER NOTHEY MEDI 21d. INJURY OCCUR.) WHILE NOTWO	TION TION CAUSE OF DEATH CAL EXAMINER) RED REC (this hospital) ed alive on	19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE O (AT HOME, STREE) attended the	INJURY MONTH D IF INJURY TELEFACTORY, OFFICE. deceosed from	AY YEAR 19 FARM, ETC.)	N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET 19 49 and that in (my) (our) apinion DEGREE AAA D. ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF CITY to RED death occurred on the	20b. IF YES, IN CERTIFY YES YES ON THE METER TO PAR TOWN THE METER TO THE METER TOWN THE METER T	WERE FINDING CAUSES THE COUNTY COUNTY	NGS USED OF DEATH NO
	PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WASLINI OR CONTRIBUTING (IF EITHER MOTHY MEDI 210. INJURY OCCUR! WHITE NOTWOOD AT WORK A WO 270. I certify that (1) sow the deceose obove, (1) (we) 11	TION DERIVING CAUSE OF DEATH (CAL EXAMINER) RED (Kthis hospital) ed alive on did) (did not) vi	196 CONDIT 216 TIME OF HOUR A.M. P.M. 21e PLACE O (AT HOME, STREI attended the P. C.	INJURY MONTH D IF INJURY TELEFACTORY, OFFICE. deceosed from	AY YEAR 19 FARM, ETC.)	N WAS PERFORMED 216 HOW INJURY OCCUR 211 LOCATION STREET 19 49 and that in (my) (our) apinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF CITYS death occurred on the control of the control	20b. IF YES, IN CERTIFY YES YES ON THE METER TO PAR TOWN THE METER TO THE METER TOWN THE METER T	COUNTY COUNTY	sty that (1) (w. causes state SIGNED
MEDICAL	PART 2. OTHER SIGN 190. DATE OF OPERA 210. ACCIDENT WAS UNI OR CONTRIBUTING (IF ETHER NOTIFY MEDI 210. INJURY OCCUR! WHITE NOTIFY MEDI 270. I certify that (I) sow the decess obove, (I) (we) to 270. SIGNATURE	TION TION CAUSE OF DEATH CAL EXAMINER) RED did (did not) vi AME (TYPE OR BR	196 CONDIT 216 TIME OF HOUR A.M. P.M. 21e PLACE O (AT HOME, STREI attended the P. C.	INJURY A. MONTH D A. MONTH D	AY YEAR 19 FARM, ETC)	211 LOCATION STREET 211 LOCATION STREET 19 49 10 that in (my) (our) apinion DEGREE M. O. ATTENDING PHYSICIAN (220 ADDRESS AA GHOSPIT EMETERY OR CREMATORY HAVEN	200 AUTOPSY? YES NO RED (ENTER NATURE OF CITYS TO DRCC death occurred on the occurred of	20b. IF YES, IN CERTIFY! YES INDURY IN ITEM 18 PAR OR TOWN STAFF YSICIAN ((in St. /	COUNTY COUNTY	that (I) (with course state 23 8 -

DHMH - 16 50M 4/82 (VRA 15, 4)

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CERTIFICATION

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should be detoched for use as the burial-transit permit. Then please remave corban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending

ATTENDING PHYSICIAN: The

etoined by the hospital

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O HOSPITAL

STATE OF MARYLAND

FOR - STATE REGISTRAR		DEPARTMENT CE	FOR THE ALTH AND MENTAL HYGERTIFICATE OF DEATH	REG. NO.
DECEASED NAME	thel	Margaret	Davey	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 12-17-83 240 PM
Female	4 RACE	hite s.c	MONTH 6 DAY 3 YEAR OO	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HHS. MONTHS DAYS HOURS AIN.
BIRTHPLACE (STATE OR FO ary Land	USA	wi	ARRIED NEVER MARRIED DOWED DIVORCED	ANNE ARUNDEL COUNTRY
ANNA, ME		OF HOSPITAL, NURSING HO SUCH FACILITY, GIVE STREET ADDRE	OME OF OTHER INSTITUTION ESSI GENERAL HOSE	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
SUAL RESIDENCE (IF NURSI O. STATE aryland	A. Arundel	13c. CITY OR TOWN Herald Har	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 416 Chestnut Trail 21401
FATHER'S NAME John	Robert	Sharrett	15. MOTHER'S MAIDEN NAM	ME Howarth Howarth
(YES, NO OR UNKNOWN)	N U.S. ARMED FORCE: (IF YES, GIVE WAR OR DATE:			ore Severna Park, Maryland
PART I. DEATH WA	AS CAUSED BY: IMMEDIATE CAUSE (0)	per line for 10 (b), and 10. WE TAS TO		Caravant, Between onset and of aim

Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO only

DEGREE

14n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ottended the deceased from

200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [YES T NO

216. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) ACT WHILE AT WORK

211 LOCATION

COUNTY STATE CITY OR TOWN and that (in (my))(our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN 22e ADDRESS

22¢ DATE SIGNED

23b. DATE

23c NAME OF CEMETERY OR CREMATORY Sunset Memorial Park Park

Cumber and

230 BURIAL, CREMATION, REMOVAL

DHMH - 16 50M 4/83 (VRA 15, 4)

12-20-83 Burial 24 FUNERAL DIRECTOR NAM 230 Baltimore Ave. Cumbertand, ND

DEC 2 3 1983

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- - the control of the fill of the reference so the respect TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the finishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

	1	FOR STATE REGISTRAR			DEPARTA		EALTH AND MEN			REG. NO.		
		ECEASED NAME PE OR PRINT) Virgi	rinia	D.			ast		20 DATE OF DI		DAY YEAR	26 HOUR 1:15aM
(12	3. SE	Female		RACE White		S. DATE C		YEAR 1900	6. AGE (IN YEAR	S (AST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS HOURS MIN.
\$3		SIRTHPLACE (STATE ORI		CITIZEN OF WHAT		WIDOWE		CED	Anne	city <u>or</u> coun Arunde 1		MD
Marified	G	len Burnie	2	NAME OF HOSPI (15 NOT IN SUCH FACIL 204 Shana	Road	ADDRESS)	DR OTHER INSTITUT	TION	12a USUAL OC TYPE OF WORK FO Seams	R MOST OF WORKING	LIFE) INDUSTRY	ired
35	13a	JAL RESIDENCE (IF NURS STATE Md.	13b COUNTY	13c C	ITY OR TOW Burr	N		K.		oress ana Road	1 . 2106	1
120	L	Newton			ndride		15. MOTHER'S MA Rebe			NIDDLE	Day	
e medico		WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATEST	001AL SECU −09−31		Howard T	raine	r,Nephe	w. same	as 13	MATE INTERVAL ONSET AND DEATH
with the State Dept of regular and wental hygiene prior to burio), cremanan, or removal MPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, it	NO	Conditions, if any, gove rise to imm couse (a), static underlying cause	nediate g the last	DUE TO, OR AS A	CONSEQUE	AL C	NOT RELATED TO		nal disease c	r condition (GIVEN IN PART 110	2.
nows any	CERTIFICATION	190 DATE OF OPERA	ION	196 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPS	IN CER	'ES, WERE FINDIN TIFYING CAUSES YES [OF DEATH?
or Item 18 sho	MEDICAL CER	210 ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF INJU HOUR A.M. A P.M.	ONTH DA	Y YEAR	21c HOW INJURY	YOCCURR	ED* (ENTER NATUR	OF INJURY IN ITEM I	8 PART OR PART 2}	
markedar	MED	WHILE NOT WORK AT WORK	ATE	(AT HOME, STREET, FAC	TORY OFFICE F	ARM ETC)	211 LOCATION STREET			ITY OR TOWN	COUNTY	STATE
n 21 is m			ed olive on	ottended the dece	19.		d that in (my) (our	opinion d	eath occurred o	n the date and h	our and from the	that (I) (we) last couses stated
NAT: If Item		22d PHILICIAN'S	164	enslew)		ATTER PHYS	NDING SICIAN	MEDICAL DIRECTOR _	STAPF PHYSICIAN []	12/3	1/83
MIT THE STOTE DIMPORTANT: IF	72-	Neil	BIG	OseNsI	Perm	1445 OF C	These	Ms	Hopk	INS AGE	pital	
		BURIAL, CREMATION, (SPECIFY) Burial UNERAL DIRECTOR	KEMOVAL	3 Jan. 19			ven Mem.	Pk.		own L-Burnie		STATE Md
1/81		James S. K	irkley	, Glen Bu	rnie,	Maryl	and	JA	N3 19	STRAR 256 REG	STRAR'S SIGNAT	Coming

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

	1-	STATE REGISTRAR		DEPARTN		ICATE OF	DEATH		REG. NO.			ED	T
1		CEASED NAME FIRST	٨	AIDDLE	i.	AST		20. DATE OF DE				26 HOUR	
		MACY	(K)	Arlyne	D	ayto	n	DECE	MBEK	09,	1983	635	M
	3. SEX		4. RACE		S. DATE C		YFAR	6. AGE IN YEARS	LAST BIRTHDA		UNDER I YEAR	HOURS	4 HRS
	I	Female	Whit	:e	Dec		,1916	6	3	YRS.			
1		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?	8 AAADDIE	XX NEVE	R MARRIED	9 BALTIMORE				2.5	-
И		aryland	U.S.	A .	WIDOWE		DIVORCED	ANN	E ARU	NDEL	COUNT	Y	MD.
Ī	10. CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN			NOITUTION	12a USUAL OCC		DOMINIC HEET	126 KIND O	F BUSINES	SOR
	1	GLEN BURNIE		ARUNDEL		ITAL	alder iw	Secre		MINIO TIFE!		pita	1
1		RESIDENCE (IF NURSING HOME OF TATE 136 COU	other institution NTY Anne nde1	GIVE RESIDENCE BEFORE			CITY LIMITS?	13e STREET ADD	RESS / ZII			2110	
Ų,	14.FA	THER'S NAME	MIDDLE	LAST		15. MOTHE	R'S MAIDEN NAM		IDDLE	400			
ų	E	dward		Knight		Mi	_da	M	DULE		Fow1	er	
1	16a W	AS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOR		sband)	ADDRESS	140-1			
	No		VE WAR OR DATES)	217.10.	6534	Mr.	Gerald	F. Day	rton	(sar	ne as	# 1	3)
		18 CAUSE OF DEATH (Enter of										MATE INTERV	PAL DEATH
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	Candla	con	ul]							
-		1539		ASIA CONSEQUE	0	11	1	THORSE					
		Conditions, if ony, which	((4)	N B I	ACE OF	Doda 1	M IN						
		gove rise to immediate cause (a), stating the	107	Alutak	10000	WI	1	1	Λ.			7577	
		underlying cause lost	DUE TO, OF	ASA GENSTOWN	NCE OF	in ?	mexan	deres -	1 419.	1	7.9		
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTERUMNO TO D	EATH BUT	NOT RELAT	ED TO THE TERM	LALDISEASE O	REONDITI	ON GIVE	V IN PART 10	0	A
	Z	Asolder (a shew	IR-An	ARMA	Na.	- COND	- Palyan	Live	NAGO	ales.	History	Lan
	AT	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	70s AUTOPS	20	b. IF YES,	WERE FINDIN	IGS USED	To car
	JFI.							YES O N		VES YES	NG CAUSES	OF DEATH	1?
2	CERTIFICATION	210. ACCIDENT WAS UNDERLYING				21c HOW	INJURY OCCURR				1 OR PART 2}		
	1	OR CONTRIBUTING CAUSE OF DE	AIN	M. MONTH DA	Y YEAR								
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE (19	21f LOCA	TION						
	ME	WHILE NOT WHILE AT WORK	(AT HOME STR	EET, FACTORY, OFFICE, F	ARM, ETC)	518	REET	CI	TY OR TOWN		COUNTY	\$1.	ATE
1		22a.1 certify that (I) (this hosp	ital) attended the	e deceased from	19-	75	10	10	28161	nd to	nous.	that (1) (w	e) lost
		sow the deceased alive or	12/9	19 \$	3,00	d that in (n	ny) (our) opinion o		n the date of				
		above, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body	ofter deoth.		DEGREE					22c DAIE	SIGNED	-
		Mark All and	hel		٨	1	ATTENDING	MEDICAL DIRECTOR	STAFF		112/	9/8:	2
1	- 3	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		- 1	22e ADDE				AD	1.0/	1/ 0	_
		NATON D NOT	TITOOC 14	n				ENIE, MAI		D 21	.061		
	23- 0	URIAL, CREMATION, REMOVAI	ITSOS M		IAME OF C	EMETERY	GLEN BUR	1234 LOCATIO		D 4.3.	.903.		
	(1)	SPECIFY)		19 19				CITY OR 1	OWN		COUNTY	51	ATE
		Burial DIRECTOR	Dec-1	Z,03 [H]	llcr	est	Burial	PK. Cur	nber]	and	ALLE	gnan	y, MD
		MAME LIKEUT		ADDRESS			111-1	C 1 3 19	83	Tol.	2 6		1
	01	naleton Fun	eral Ho	OME GIE	RITT	nio.	MIN	10	00 1/2	-	A POPPER LA	MULL	M.

Glen Burnie.

Home

DHMH - 16 50M 4/83

Singleton Funeral

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Fagure with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the mad to

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 After with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

injury, or other troumotic event,

IMPORTANT: If them 21 is marked or them 18 shows

FOR			
STATE			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH		REG.	NO.			
	CEASED NAME	FIRST	MI	DDLE	LA	AST	20 D	ATE OF DEATH	MONTH	DAY YEAR	26 HO	UR
1111		ohn	F.	De	emczu	k	De	cember	4.	1983	1 2	-PM
3. 58			ACE		S. DATE O	F BIRTH	6 AG	E (IN YEARS LAST		MONTHS DAY		ER 24 MRS
N	fale	M	hite		Jan.		5	9	YRS		3 HOURS	MIN.
Jan B	INTHPLACE (STATE OR FO	DREIGN 76 C	ITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9. BA	TIMORE CITY	OR COUN	TY OF DEATH		
	Maryland	U	S.A.		WIDOWE	4.6		nne Ar	unde	1 Coun	tv.	MD.
10. C	ITY OR TOWN OF DEA		NAME OF HO	OSPITAL, NURSIN		R OTHER INSTITUTION	12a U	SUAL OCCUPA	TION	12b. KIND	OF BUSIN	VESS OR
P	Annapolis	A				ral Hosp		Crane				Steel
	AL RESIDENCE (IF NURSE		R INSTITUTION G		ADMISSION)	13d. INSIDE CITY LIMI		REET ADDRES	-			
	Maryland	Balti		Dunda1k		YES NO X		3 Wood		Ave.	21.22	2.2
14. F.	ATHER'S NAME	MIDD		LAST		15. MOTHER'S MAIDE		MIDDLE			1457	
$V_{\rm I}$	lvan "	MIDD		emczuk		Alexan	dria	MIDDLE	C	zaropi	nska	3
14- 1	WAS DECEASED EVED I	N U.S. ARMED	FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADD	RESS			
Y	ES OR UNKNOWN)	WW I	I	218-14-	6977	Kathlee	n M.	Demczu	k (s	ame as	lir	ne 13
	IL CAUSE OF DEATH	Enter only o	ne couse per li			۸	4 . 1	. 1		BETWEE	OXIMATE INT	ERVAL HD DEATH
	PART I. DEATH WA	AS CAUSED BY	fs /	scule	Ci	rdiac	ar	Ist-				
	14292	IN COUNTY OF	DUE TO, OR	AS ACONSEQUE	NEX							
	Canditions, if ony,	which ((b)	122	CO					30		
	gave rise to imm cause (a), stating		DUE TO OR	AS A CONSEQUE	NCE OF							11.5
	underlying cause	last.	(c)	AS A CONSEGUE	1400							
	PART 2. OTHER SIGN	IFICANT CON	DITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMINAL	ISEASE OR CO	NDITION (SIVEN IN PART	Ira	
CERTIFICATION												
1	190. DATE OF OPERAT	ION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200	AUTOPSY?		YES, WERE FIN		
Ë			· >				YE	S NO	/	YES _	NO	
CER	210. ACCIDENT WAS UND	-	216. TIME OF	INJURY	V VEAD	21c HOW INJURY O	CCURRED (E	NTER NATURE OF IN	JURY IN ITEM 1	8 PART I OR PART	?)	
¥	OR CONTRIBUTING C		P.M		19							
MEDICAL	21d. INJURY OCCURR		21e PLACE O			211. LOCATION		CITY OR	IOWN	COUNTY		STATE
\$	WHILE NOT WHI	K	TAT HOME SIKE	ET, FACTORY, OFFICE, F	AKM, EIC)	11 1/2 00			1.1	-	4	
	22a.1 certify that (I)	(this haspital)		deceased from_	12	13460	, to	2	14	. 19	, that (l)	(we) lost
	saw the decease above, (I) (we) (d	d alive an	O /	ther death	, an	that in (my) (our) ap	oinian death	occurred on the	date and h	aur and fram t	he causes s	stated
	17 SIGNATURE	D	000	10 13	24.10	REGREE	1 /			22c. DA	TE SIGNE	D
1	Tree	OCT	M	and I	n V	ATTEND		CTOR PHYS	AFF SICIAN [
1	22 PHYSICIAN'S NA	ME (TYPE OF	nity.			22e. ADDRESS	1					
	Thoode	oro C	Datt	erson.	M.D.	3427 Du	ndalk	Ave.,	Dun	dalk,	Md.	2122
23a.	BURIAL, CREMATION, I		3b. DATE			EMETERY OR CREMAT	ORY 23	LOCATION				
	(SPECIFY)				acred			Dundal	le D	altimo		STATE
	Burial		ec. 8	- 01156	11.1	HI OT	1944 - 1944		K H			Mda
24 F	uneral director					25	a. DATE REC'	D. BY REGISTRA	R 25b. REG	STRAR'S SIGN	ATURE A	11212

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

- Laddanadad dasa

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonopaers. Pages 1 and 2 should be filled within 72 hours ofterwith the State Depti. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical deathing must be ranked at pract.

CTATE OF MADYLAND

	IAIE OF M	AKILAND	54						
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE						
CERTIFICATE OF DEATH									

FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL (CERTIFICATE OF DEATH	HYGIENE REG. NO.	
I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(TYPE OR PRINT) John	n F	Dunford	December 1:	3 1983 10:30Pm
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	Caucasian	Oct. 19 1933	50 yı	MONTHS DAYS HOURS MIN.
TO. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	- 9 BALTIMORE CITY OR COU	
Massechusetts	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arunde	1 Country us
IO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Severn	7916 Covent		(TYPE OF WORK FOR MOST OF WORKI	
			Security	NSA
USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. COL				
Maryland Anne	Arundel Seve	YES NOX	7916 Covent	ry Rd.
14. FATHER S NAME FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
	Dunfor			Cullina
60 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIALS	SECURITY NO. 17 INFORMANT	ADDRESS	
Yes		26-2335 Anna M.	Dunford Same a	as #13e
11. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), and (c).)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) [WUNO]	na of lung - men	ustatic	6-8 mos
11,29 mmedi	ATE CAUSE (B)	0	www.	
Conditions if you still	DUE TO, OR AS A CONSE	OUENCE OF		
Conditions, if ony, which gove rise to immediate	(b)			
couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSE	EOUENCE OF		
	(c)			
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
No DATE OF OPERATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING			CURRED (ENTER NATURE OF INJURY IN ITEM	A 18 PARI I OR PARI 2)
OR CONTRIBUTING CAUSE OF D [IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 71f LOCATION		
WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	OSPICE.	(2/)	12/12	83
	pirol) offended the deceosed fro	V1 /	10 10 10	, 19, that (li(we)/lost
	not) view the body after death.	9	non death occurred on the date and	
77b. SIGNATUR	u 11. "	DEGREE		224 DATE SIGNED
dorain	e.M. Dailey	M ATTENDIN PHYSICIAL	MEDICAL STAFF	12/14/83
27d. PHYSICIAN'S NAME (TYPE		22e ADDRESS 517		
Lorrain I	Dailey,MD.			21146
23a. BURIAL, CREMATION, REMOVA	AL 23b DATE	23c NAME OF CEMETERY OR CREMATO	erna Park, Md	
(SPECIFY) Burial	112/10/02		Cem Framingham	Mid Sex. Mass
		Tale Sins	DATE REC'D. BY REGISTRAR 751 RE	
14 FUNERAL DIRECTOR FLEC	ADDRI	133	C 1 5 1983	O O O O
7601 Sandy Sp	ring Rd. Lau	rel, Md. 2070	0 1 0 1303	my abrell

DHMH - 16 50M 4/83 (VRA 15, 4)

retoined by the hospital or attending physician.

BP.

 TO HOSPITAL OR ATTENDING PHYSICIAN The law requires that the death certificate be

retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 haurs attemthe State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked ar them 18 shaws any injury, or ather troumotic event, the medical

executed within 24 hours ofter death. Page 4 may be

FOR

STATE OF MARYLAND

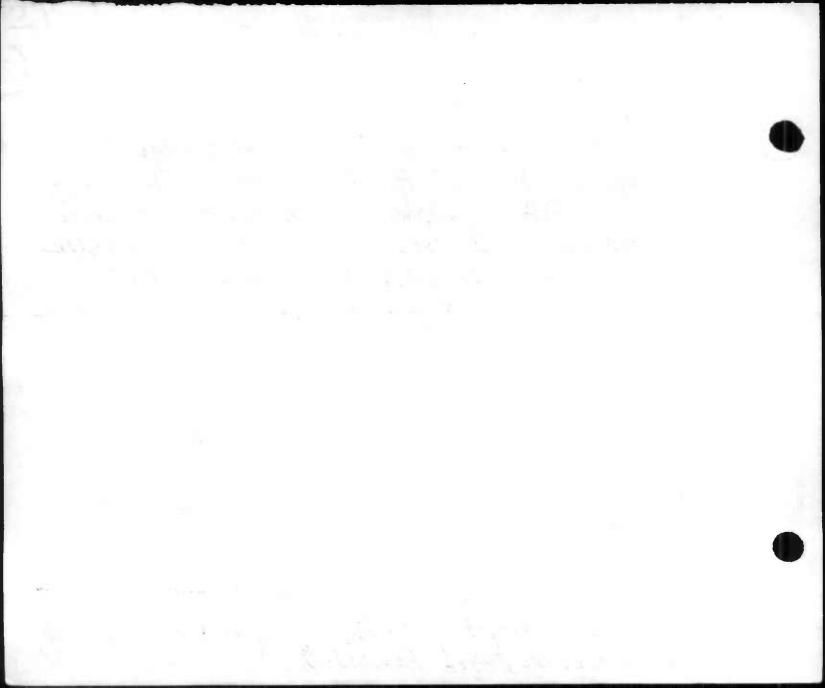
DEP

ARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN
CE	RTI	FICATE	OF	DEATH	

1.	- STATE REGISTRAR				CERTIF	CATE OF D	EATH		REG. NO.			
	CEASED NAME	FIRST	C. I	NIPE	- 7	IST VA	11	20. DATE OF D	EATH MO	ONTH D	AY YEAR	26 HOUR 1230
3 SE	EMALE	0 /1	WHI	TE	5 DATE O	F BIRTH	YEAR 15	6 AGE (IN YEAR	RS LAST BIRTHE		F UNDER T YEAR	IF UNDER 24 HRS.
	IRTHPLACE (STATE OR FO		45	AT COUNTRY?	WIDOWE		ORCED	ANNE	CITY OR	BUL	DEL	MD.
1	NUAPOLIS		(IF) HOT IN SHICH P	SPITAL, NURSIN CILEN, GIVESTREET	HOS	DT.	TUTION	TOUS!	E-WI		12h KIND OF	BUSINESS OR
13a S	190.	136 COUNTY	ER INSTITUTION, ON	PERESIDENCE BEFORE		13d. INSIDE CI	ио 🗶	1806 P	DESS / Z	IP CODE	Plains	RD.
_	ATHER'S NAME	WESL	EY D	ARTER	2	EMA	MAÎDEN NAM		ADDRESS	Mun	LHEIST	TER
	YES, NO O UNKNOWN)	(IF YES, GIVE W		14 805	019	WERM	5 W. 2	Juvahi	ADDRESS	#	13	
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED B	AUSE (D)	e for (o), (b), one Mal	igna	nt	Lymp	homa			APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
	Conditions, if ony, gove rise to imm couse (0), stofing underlying couse	ediote	(b)	S A CONSEQUE								
NO	PART 2 OTHER SIGN	IFICANT COM	IDITIONS <u>CON</u>	TRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE O	or condit	ION GIVE	N IN PART Ita	
CERTIFICATION	190 DATE OF OPERAT			on for which	OPERATION			120	NOR	N CERTIFY YES		
MEDICAL CE	210 ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION CONTRIBUTI	AUSE OF DEATH	21b. TIME OF II HOUR A.M. P.M. 21a PLACE OF	MONTH DA	YEAR	ZIL LOCATIO		ED (ENTERNATU	RE OF INJURY I	N ITEM 18 PA	RT I OR PART 2)	
ME	WHILE NOT WHILE AT WORK 220 certify that (1)	LE 🗍	(AT HOME, STREET	FACTORY, OFFICE, F	ARM ETC)	STREET /15	10 83	to	(14)3	-	COUNTY	STATE ho (I) (we) lost
		Tolive on	12/30	19 8		d that in (my)	dur) opinion d	eoth occurred t	on the dote	and hour	ond from the c	ouses stated
	22d. PHYSICIAN'S NA	ME (TYPE OR PR	W Col	in	/	MJ) A		MEDICAL DIRECTOR	STAFF PHYSICIA	И	12/3	0/83
	E. U		DLEI				ZANKLI			APO	LIS MO	8. 21401
B	BURIAL, CREMATION, R	EMOVAL	1/2/8	4 361	St. P	ARYS		23d OCATH CITY OR	archi	S	AA	Mo
TA	Whore Fun	VERR	L CHA	DE L PORESS	gun,	2 polis	25° JA1	YE 4. BY RE	964 R 25	REGISTR	PAR'S SION	thick

BP. DHMH - 16 50M 4/83

(VRA 15, 4)



DHMH - 17 (VR A15 ME (5)) 20M 4/82

DIRECTOR. OUR FILES. 372 HOURS ON STREET,

STATE OF MARYLAND

DEPARTMENT OF HEALT	TH AND MENTAL HYGIENE
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH

	- 5	FOR STATE REGISTRAR			EPARTMENT OF			F DEAT	H REG. NO	1 4	0 0	
	1. DEC	CEASED NAM E OR PRINT)	LE FIRST		MIDDLE FAC	STON	LAST	20.	DATE KNOWN OF ESTI-		DAY YEAR	2b. HOUR
1	3. SEX		4 RACE	5. DATE OF BIRTH		EARS IF UN			DATE	1.29	93 19 YEAR	2d HOUR
	Fe	male	White		1947 36	111.0	HS DAYS HOURS	MIN PR	ONOUNCED DEAD	12-9-	-83	5::557
5		RTHPLACE (S		76 CITIZEN OF WHA	AT COUNTRY?	8 MARR	IED NEVER MARRI	ED 🗍 🤊	BALTIMORE CITY O	COUNTY	OF DEATH	
4	Ma	rylan	id	U.S.A		WIDOW		EDXX	Anne Aru			MD
4		ty or town len Bu		(IF NOT IN SUCH FACE	ITAL, NURSING HOA DLITY, GIVE STREET ADDRESS TUNCEL HOS)		FOR MO	LOCCUPATION (TYPE ST OF WORKING LIFE) .e maker		Own ho	RY
)		RESIDENCE TATE arylar			RESIDENCE BEFORF ADMISSING CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO 12	13e STREE				
2		THER'S NAME		WIDDLE	LAST	1110	15 MOTHER'S MAIDE		MIDDLE	<u> </u>	LAST	7
a	1	Charle	es	W.	Carro1	1	Dorothy		T) •		Bragg	
	16a W	VAS DECEASE ES, NO, OR UNKNO NO	DEVER IN U.S. ARA	WAR OR DATES)	214.44.		Mr. Char	(fath	ner) 7869 V. Carrol	Ley	mar Ro 21061	ad
		18 CAUSE C	EATH WAS CAUSED			soot	inhalation				APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH
	7	Conditio	ons, if any, which	E CMOSE (d)	AS A CONSEQUENCE							15-118
	İ	gave ri	ise to immediate a) stating the <u>under-</u>	DUE TO, OR A	AS A CONSEQUENCE	OF						
				(c)	IV NOT OUT THE TO THE TO							
1	N	PART 2 UTBLE S	IGUILICANI CONDITIONS	UNIKIOUTING TO DEATH BE	JI NOT RELATED TO THE TEL	MINAL DISEAS	E OR CONDITION GIVEN IN PAI	RI I (a)				
	CERTIFICATION	190. DATE OF	FOPERATION	196 CONDITI	ON FOR WHICH OPE	RATIONW	'AS PERFORMED?				20 AUTOPSY?	NO [
	CAL CERT	UNDERLYING CONTRIBUTI	ING CAUSE OF D		12-1-83	AR C	ow INJURY OCCURRED aught in ho			ART I OR PART	2)	
	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	STREET FACTO	FINJURY (ATHOME, DRY, FARM, ETC.) DMO		Bl Dulaney	Avenu	e Anne	Arund	del Co.	, Ma .
3		220. I certi	,	e of the remains described all causes .		Autap	sy XX. Inspection		Inquiry , and	d in my арн	nian	
9		ACTUAL SIGNATURE		Mort	Are you	ll "	TITLE (SPECIFY) D. Assistant	MEDIC.	AL EXAMINER	DATE1	2-9-83	
		EXAMINER'S (TYPE OR PRI	1141)		. Korell,		ADDRESS 111 Pe					
	23a.BU	PECIFY)	ATION, REMOVAL 2	36. DATE	23c. NAME OF C			23d. LOC.	TOWN	COUNT		ATE
		JNERAL DIREC		ec.12,8	cedar	uî T Ť Ť	Cemetery	EC'D. BY RI	GISTRAR 255 TEGIS	Anne TRAR'S SK		de1MD
	3	HAME	110	al Home	Glen Bu	rnie	, MD DEC	13	1983 Pages 1983	ng	Comely	1

- 2 pas 1 130

executed within 24 hours after death. Page 4 may be

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

G. N	10.			EST
LI	MONTH	DAY	VEAD	Th LUCIUD

REGISTRAR							REG. N	O		ب دار	A
(TYPE OR PRINT)	E FIRST	۸	NIDDLE		AST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	\$
(TIPE OR PRINT)	WILLAR	D H	ENRY	EBBER'	rs	SR	DECEMBER	16	, 1983	1135	PM
3. SEX		A. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	HOURS	24 HRS
Male		White		Dec	7.0	1934	49	YRS.		1.00.5	191 114.
To BIRTHPLACE	STATE OR FOREIGN	b. CITIZEN OF		TRY? 8	N NEVER A		9 BALTIMORE CITY O	R COUNT	Y OF DEATH	1	
Marylar		U.S.		WIDOWE		ORCED	ANNE AF	RUNDE			MD.
GLEN B	URNIE			JRSING HOME C STREET ADDRESS! EL HOSP]	TAL	TUTION	Chief Eng	F WORKING L	HE) 126. KIND C INDUSTRY A.A.D		
Maryland	13b COUN		136. CITY OR Seve	TOWN	13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS 8227 WB&A	Rd.	21144		
14 FATHER'S NAM FIRST Willa	A	AIDDLE	0denbe			MAIDEN NAM	M.		Hel	mick_	
160 WAS DECEASE	D EVER IN U.S. ARA	MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMAL	11	ADDRE	55			
no			219-30	0-6980	Laura	M. Ebb	perts same	as]	3	MATE INTER	
PART 2 OTH		ONDITIONS CO	ONTRIBUTING	G TO DEATH BUT			NAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YE	ES, WERE FINDING CAUSES	NGS USED	
00 0001001011	T WAS UNDERLYING TING CAUSE OF DEA		FINJURY M. MONTH	DAY YEAR	21c HOW IN.	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART T OR PART 2)		
0	OCCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY	FFICE, FARM ETC.)	21f LOCATIO STREET	N	CITY OR TO	IWN	COUNTY	51	TATE
22a I certify	that (I) (this hospite deceased alive on (I) (we) (did) (did nat IU		after death	19, o	DEGREE		medical sta				
	IAN'S NAME (TYPE OF				22e. ADDRES	757	'5 RITCHIE	HIGHW	AY, S.E	116	
	AATION, REMOVAL	23b DATE		23c NAME OF C	GL.		1236 LOCATION	<u> </u>	1.001		
Buria		20 Dec	. 83	Glen Ha			CITY OR TOWN	nie	A.A.	MD.	TATE
24 FUNERAL DIRE						DEC	E REC'D. BY REGISTRAR 2 0 1983	25 GIS	STRAR'S SIGNA	JURE •	R

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pager with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

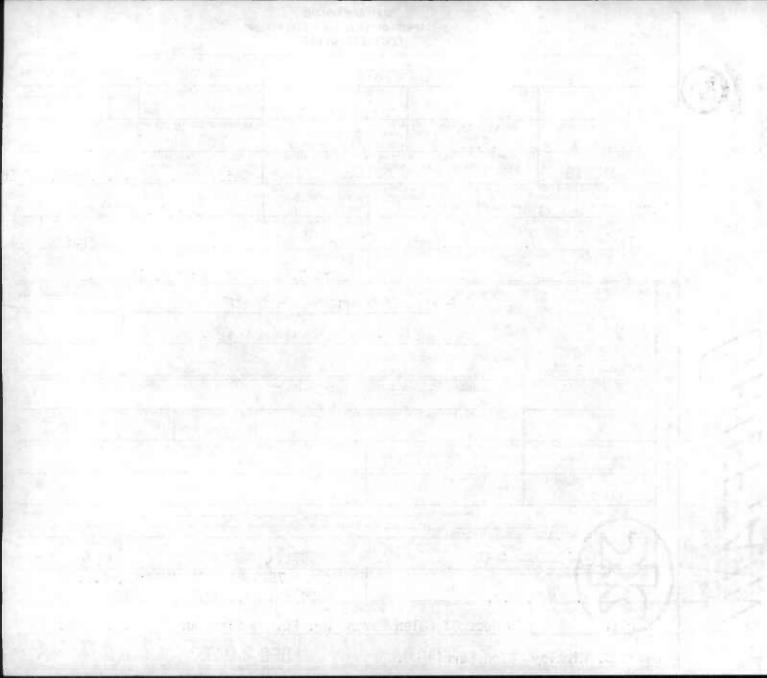
injury, or ather traumatic event, the

IMPORTANT: If them 21 is marked or them 18 showyagy

JO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etamed by the hospital ar attending physicia

DHMH - 16 50M 4/82 (VRA 15, 4)



the funeral director, page 3 d within 72 hours after death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE
LAST	20 DA
	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

	REGISTRAR			C	ICAIL OI I			REG. NO.				
	CEASED NAME FIRST		MIDDLE	l	AST		20 DATE OF D	EATH MONT	H DA	AY YEAR	26. HOU	R
(ITPE	TIMMY	LEE	EHE	RHART-	-COHN		17	12	22	83	10.	00 M
3. SE)	X	4. RACE		5. DATE C			6 AGE (IN YEAR	S LAST BIRTHDAY		FUNDER I YEAR		
	Female	White		MONTH	21	42	41		YRS.	ONTHS DAYS	HOURS	MIN.
7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D W NEVER	AARRIED [9 BALTIMORE			OF DEATH		
F	a.	U.S.	A.	WIDOWE		VORCED	Anne A	rundel	. Co.			MD.
	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN HEACILITY GIVE STREET A Chele Cli		OR OTHER INS	TITUTION	Social		KING (IFE)	126. KIND C INDUSTRY Humai		
13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN		GIVE RESIDENCE BEFORE 131. CITY OR TOWN MILLERS	ADMISSION)	13d. INSIDE C	ITY LIMITS?	13 SIREET AD 232 Mi	chele	Circ	cle 21:	108	
14. FA	Elden E	MIDDLE	Ehrhart		15. MOTHER	S MAIDEN NAM FIRST Y		MIDDLE	I	Butts	51	
160. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17. INFORMA			ADDRESS		,		
N	YES NO OR UNKNOWN) (IF YES, GIV	t was on onits;	172-34-3	3124	Micha	el Lee	Cohn (s	ame as	136	e)		
CERTIFICATION	PART 2. OTHER SIGNIFICANT C		ONTRIBUTING TO D				INAL DISEASE C	SY? 20b.	. IF YES,	WERE FINDING CAUSES	NGS USED	
RTIF					Y			10 🗌	YES	had .	NO []
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	M. MONTH DA	YEAR			RED (ENTER NATUR	E OF INJURY IN IT	EM 18 PAS	ET 1 OR PART 2)		
MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f. LOCATION STREET			CITY OR TOWN		COUNTY	\$1	TATE
	22a.1 certify that (I) (this hospi sow the deceased dive on above, (I) (we) (did) (did no	Deca	19		nd that in (my)	, 19 (94) opinion (deoth occurred o	on the date of	nd hour			
	Sur	Teh	hely.	2			MEDICAL DIRECTOR [STAFF		Dec	25,19	983
	GEORGE	ALER	M.D.		600L	ight.		Md. 2	123	0		
1	BURIAL, CREMATION, REMOVAL [SPECIFY] Pemation	236. DATE 12-2	3-83 We		EMETERY OR Wemo	rial	23d. LOCATI CITY OR	TOWN		county	md	TATE
24 FL	UNERAL DIRECTOR Balto	Md.	21225	**		DE (E REC'D. BY REC	ISTRAR 25h F	EGISTR	AR'S SIGNAT	EURE *	a
Ge	orge J. Gonce F	.н. 400	1 Kitchie	Hwy.		DE	0 0 0	00 1	The	1000		40

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physicians and co should be detoched for use as the burnal-transit permit. Then please remove corbon papers. Pages 1 with the State Dept. of Health and Mental Hygiens prior to burnal, cremation, or removal.

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IMPORTANT: If Item 21 is morked or Item 18 shows on

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N. C. C. A.	-Cuculif	
20 20 2		
4 7 had - 4 4 4 7		
111 abet w.w. 972 a 2	effiversil	w.A
ession . ogso	demands.	lien w
but as well, no souther	VIE 463 -44 - 41	
	LOUISING THE	
	at miritar	
	1225 Illiente mo.	

4		
•	death, Page 4, may be	(
DRDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires that the death certificate be executed within 24 figure, other death. Page 4 may	
0RDS, 201 W. PRESTON ST., 1	requires that the death certific	

Item #2b Film #G588 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH 2b. HOUR TYPY OR RESULT DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH VEAR 1926 MIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED Anne Arundel County NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 LISUAL OCCUPATION 12b. KIND OF BUSINESS OR O CITY OR TOWN OF DEATH F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Glen Burnie Arundel Conv. Center Waitress Restaurant USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Harford Bel Air 103 S. Reed Street NO T YES [15. MOTHER'S MAIDEN NAME A FATHER'S NAME ANIDDLE MIDDLE Ledford Arthur Ruth ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT HE YES GIVE WAR OR DATES! 218 26 0707 Richard Eilerman same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED DIVISION OF VITAL REC IN CERTIFYING CAUSES OF DEATH? NO YES T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 214 INJURY OCCURRED 211 LOCATION 21s. PLACE OF INJURY STREET CITY OR TOWN STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from a _. that (I) (we) last saw the deceased alive an. and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the be 226. SIGNATURE DEGREE 22t. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Westview Mem

23d. LOCATION

Baltimore.

25 DEL TO 1002

COUNTY

Maryland

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

Cremation

24 FUNERAL DIRECTOR

23b. DATE

Balto. Md.

George J. Gonce 4001 Ritchie Hgwv

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tal director, page 3 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

- STATE		out Att	CERTIFICATE OF DEATH	REG. N	0.
1. DECEASED	7. 1	WIDELLOY	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	Daniel	PIO. E	ntier , ur.		2 - 11 - 83 7:15PM
3. SEX	ale "	white	5. DATE OF BIRTH MONTH DAY YEAR 0/ - 1/3 - 1/3	6 AGE (IN YEARS LAST BI	FUNDER 1 YEAR FUNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
a. BIRTHPLA	CE (STATE OR FOREIGN 7)	L. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
Or	egon	USH	WIDOWED DIVORCED	Hone	Hrundel MD
Any	OWN OF DEATH	1. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE	ng home or other institution tabbress)	170 USUAL OCCUPAT	OF WORKING LIFE) 17. KIND OF BUSINESS OR INDUSTRY
USUAL RESII 130, STATE	DENCE (IF NURSING HOME OR O 13b. COUNT	THER INSTITUTION GIVE RESIDENCE BEFORE	RE ADMISSION)	13e STREET ADDRESS	/ ZIP CODE 21403
14. FATHER'S	NAME	1. Illinapa	15. MOTHER'S MAIDEN N	AME	ricana Drive
Dan	PI MCE	roy Entler	Sr Edna	VINGINIE	a Apsley
	CEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDR	
	23 WU	11 210-30	4830 Donothy	C. Entile	r #13
18. CA	USE OF DEATH (Enter only RT I. DEATH WAS CAUSED	one couse per line for (a), (b) a	nd isi		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE		yafec Colo	u Call	CUT 4 /2 year
/	539	DUE TO, OR AS A CONSEQU	PENCE OF		
	itions, if any, which	(b)			
couse	(o), stating the lying couse last.	DUE TO, OR AS A CONSEQU	PENCE OF		
DARK	OTHER CICALIFICANT CO	(c)	DOATH BUT MOT BOLATOR TO THE TOP	White Disease Of COL	IDITION CHIEN IN BART I
	2 OTHER SIGNIFICANT CC	DADITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	RUITON GIVEN IN PART 110
21a. AC	TE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. AC	CIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU		URY IN ITEM 18 PART I OR PART 2)
00.00	NTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	DAY YEAR		
0	JURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	OWN COUNTY STATE
WHILE AT WOR		(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITORIO	500000
220 1		h ottended the receased from	196	10 /2/	11 1983 , that (11900) last
so	w the deceased alive on_ cove, (1) (we) (did not)	view the body after death.	ond that in (my) tout opinio	n death occurred on the o	late and hour and from the causes stated
776.53		0	DEGREE ATTENDING	MEDICAL STA	12 (2/F3
774. (2)	STICIAN'S NAME THE ON	myn	220-ADDRESS	DIRECTOR TITIS	
	12. I. Hoo	hman, U	16 Tucero	rac Ave,	Lucasoles redi
230. BURIAL,	CREMATION, REMOVAL	1236. DATE 1230 Dec 16,1983	Name of CEMETERY OR CREMATORY	AN LOCATION	ton Arlington VA
24 FUNERAL	DIRECTOR	ADDRAS 1	1 250 D	ATE REC'D. BY REGISTEN	256 REGISTRAR'S SIGNATURE
1 1		0-1 (10,00)	TIM OLD ALL AND WITE	1 4 1000	d. a. a. a

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages And 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

retained by the haspital or attending physicion.

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The company	34	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE S S	1568
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ANNO POLIS ("NOT BUSCHACKELLY COMES AND AND CONTROLLY ON STATE AND	35	Ma	ryland	U.S.A.	WIDOWED DIVORCED	ANNE ARU	NDEL MD.
MARY LAND ANNEA PUBLIC CIEN BURNE VES. NO. 27238 CROWN ROAD BY TABLE VES. NO. 27238 CR	53	A	NNAPOLIS	(IF NOT IN SUCH FACILITY, GIVE STREET,	ADDRESS) 1 GENIFRAL HASOTO	TYPE OF WORK FOR MOST OF WORKING LI	Produce
Paul J. Faraci Frances D. Angell Was DECEASED EVER IN U.S. ARMED FORCES? (16) SOCIAL SECURITY NO. 17: INFORMANT Mother ADDRESS Glen Burnie Maryland None 18: CAUSE OF DEATH Enter only one course per line for (o.), (b.), and (c.) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o.) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate course (o.), tolding the underlying course lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 19: DATE OF OPERATION 19: DATE OF OPERATION 19: CONDITION FOR WHICH OPERATION WAS PERFORMED 210: ACCIONN WAS UNDERTING CAUSES OF DEATH (c) Entire Notice of House	(22)	MA	RYLAND ANN	TISC CITT ON TOVY	PENIE YES NO X	7228 CROW!	N ROAD 21061
NO None 215-40-928 Frances D. Faraci Maryland 18 CAUSE OF DEATH (Enter only one coure per line for 10), (b), and (c)	120	4. FA			i Frances	MIDDIE D.	Angel1
PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- 198 DATE OF OPERATION 199 DATE OF OPERATION 199 CONTRIBUTING CAUSES OF DEATH 190 CONTRIBUTING CAUSES OF DEATH 191 CONTRIBUTING CAUSES OF DEATH 191 CONTRIBUTING CAUSE OF DEATH 192 TILL HOW INJURY OCCURRED (EMTERNATURE OF PULIFIY IN TIEM 18 PART LOR PART 2) 194 DATE OF OPERATION 195 CONTRIBUTING CAUSES OF DEATH 195 CONTRIBUTING CAUSE OF DEATH 196 CAUSE OF DEATH 197 CAUSE OF DEATH 197 CAUSE OF DEATH 198 CONTRIBUTING CAUSES OF DEATH 198 CONTRIBUTING CAUSES OF DEATH 199 CALCEDENT WAS UNDERLYING CAUSES OF DEATH 199 CAUSE OF DEATH 199 CALCEDENT WAS UNDERLYING CAUSES OF DEATH 199 CALCEDENT WAS UNDERLYING CAUSES OF DEATH 199 CAUSE OF THE TOTAL OF THE TERMINAL DISEASE OF CONDITION GOVERNOR TO THE TERMINAL DISEASE OF CO	medic		ES, NO OR UNKNOWN) (IF YES, GIV	(2314 0 00 0 446 2			
OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22d. I certify that (1) (this haspital) attended the deceased from (9.7), 19, 19, 10, 19,	y, or other troumotic	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF		VEN IN PART 110
OR CONTREDITION CALES OF DEATH OR CONTREDITION COUNTY (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK A	Auo smou	RTIFICAT				YES NO YE	FYING CAUSES OF DEATH?
WHILE AT WORK NOT	- 3///		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
sow the deceased alive on 1/1/80 19 , and that in (my) (am) apinion death accurred on the date and hour and from the causes of above, (I) (am) (did) (ked or	MED	WHILE IT NOT WHILE IT			CITY OR FOWN	COUNTY STATE
Burial Dec. 5,83 Cedar Hill Cem Brooklyn A A C C. N	Z Z		sow the deceased alive an above, (I) (we) (did) (did)	1 1/1/85 1) view the body after death.	DEGREE ATTENDING PHYSICIAN	death accurred on the date and hou	,, ., ., .,
Singleton Funeral Home, Glen Bumie, MDEG BOREGISTAR 256 RECEIVE AT 1250 DATE REC'D. BOREGISTAR 256 REC'D. BOREGISTA	M 4/83	24 FU	Burial NERAL DIRECTOR	Dec. 5,83 C	edar Hill Cem	Brooklyn (COUNTY STATE A A C ND 1 RAPS MATURE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical

FOR - STATE

STATE OF MARYLAND					
DEPARTMENT OF HEALTH AND MENTAL HYGIENE					
CERTIFICATE OF DEATH					

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	REGISTRAR		THE PERIOD OF PERIOD	REG. NO.			
I. DEC	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY	YEAR	26 HOUR
1	James	Joseph	Fentan	12	2 14	83	11 am
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD		NDER I YEAR	IF UNDER 24 HRS
3	Male	Caucasian	April 12, 1939	44	YRS.	THS DAYS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF	DEATH	THE WATER
	w York	USA	WIDOWED DIVORCED	Anne Arundel	Count	У	MD.
	ry or town of death napolis	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, Anne Arundel Ger	G HOME OR OTHER INSTITUTION ADDRESS) neral Hospital	TYPE OF WORK FOR MOST OF V	VORKING LIFE)	INDUSTRY	of Business or Governmen
130 S Ma:	ryland Anne	ROTHER INSTITUTION. GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW Arundel Dawidson	Wille YES NO NO	ise street address 1112 Rutlar	ndview	Dr.	21035
	ther's NAME FIRST imothy	MIDDLE LAST Fenton	15. MOTHER'S MAIDEN NA/ FIRST M Anne	ME MIDDLE	Ga	lvin	ST
160 V	/AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	rmed forces? 166 SOCIAL SECU EWAR OR DATES) -1961 074-30-61	1.1	12 Rutlandvi M. Fenton I	lew Dri Davidso	nvill	
	PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	c arrhym Thia	1 Infant	Tán		IMATE INTERVAL ONSET AND DEATH
TIFICATION	1 11	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM OFERATION WAS PERFORMED	20a AUTOPSY?	TION GIVEN II 20b. IF YES, WE IN CERTIFY INC	ERE FINDIN	NGS USED
MEDICAL CERTIFICATION	saw the deceased alive an	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 21f. LOCATION STREET , 19 3, and that is (my) (our) opinion of DEGREE	CITY OR TOWN	19_	county	
230 B	THE PHYSICIAN'S NAME (TYPE OF	N-Friend 123b. DATE 23c. N	20 5 RA	MEDICAL STAFF DIRECTOR PHYSICIA JOSEPH AND STAFF 134 TOCATION CITY OF TOWN	An	ngo	113, MM
24 FU	Burial NERAL DIRECTOR	1	te of Heaven Cemete	ery: Valhalla EREC'D. BY REGISTRAR 28			ster, NY
Ве	all Funeral Hor	me Bowie, Maryla	Lis koad inco	2 1 1983	John	j. w	mey

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

retained by the hospital or attending physician.

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	and the second s

FOR - STATE REGISTRAR DECEASED NAME

FIRST

MIDDLE

George J. Gonce 4001 Ritchie Hgwy Balto, Md

STATE OF MAKTEAND	(1)
DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE
LAST	1 20 DA

REG. NO

3 1983

GISTRAR'S SIGNATURE

MONTH

YEAR

26 HOUR

20 DATE OF DEATH

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ö a O bee à bed buriol-transit p Item 0 DIRECTOR: *

FUNERAL the b IMPORT 3 € BP.

TYPE OF PRINTS Dolores Flake 4 RACE 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS White 19 25 58 Female TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) U.S.A. Anne Arundel WIDOWED DIVORCED X ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR 115 Doris Avenue (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Clerk Soc. Security USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 113d INSIDE CITY LIMITS? Md Baltimore A.A. 115 Doris Avenue 21225 NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE O' Connor George L. Martha Wroten 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Virginia Bch, Va23452 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 428 Philbate Terrace Turnbull APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY uncer Yeun IMMEDIATE CAUSE (c DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 77c DATE SIGNER ATTENDING" MEDICAL STAFF Vw PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE ORIPRINIS 22e ADDRESS Unit 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Hill Cemetery Balto

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR

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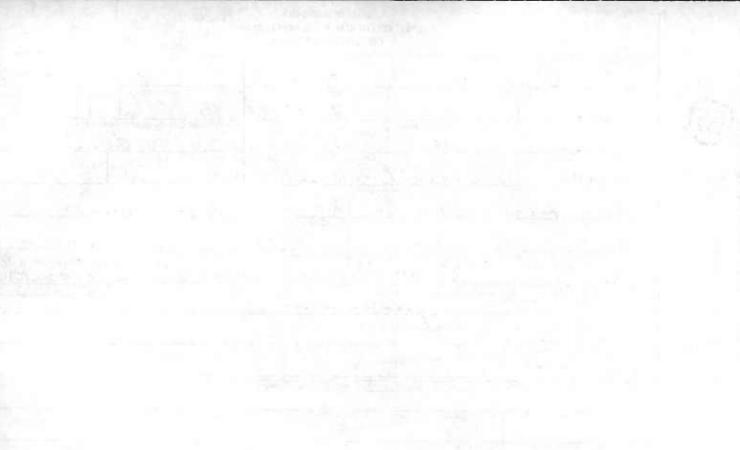
STATE OF MARYLAND

1	FOR TATE	DEPART		EALTH AND MENTAL HYGI	ENE		
J	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
ľ	1. DECEASED NAME FIRST	MIDDLE	U	AST	20. DATE OF DEATH	MONTH DAY YE	AR 26. HOUR
1	(TYPE OR PRINT)	ira B		t099	12.	18.83	9404
Ì	3. SEX,	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		
	femala.	Rlack.	MONTH	2 DAY 17 YEAR 18	75	YRS.	DAYS HOURS MIN.
	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.		9. BALTIMORE CITY O		TH_
М	COUNTRY	115 A	WIDOWE	D NEVER MARRIED D	Dona Ar	Johnson	Co. MD.
d	ID CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	·		120. USUAL OCCUPATION		IND OF BUSINESS OR
7	Anmonlis	ALIF NOT IN SUCH ACILITY, GIVE STREET	APPRESENT	menal Hosp	TYPE OF WORK FOR MOST OF	1	STRY
4	HISTIAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	The last 11075	Ketired Se	amstres	0722
	13a. STATE) 13b. CO	UNTY 13 CITY OR TOW	/N		13e STREET ADDRESS	1 90	100
4		Arundel Co. Churchto	011	YES NO NO NAME NAME NAME NAME NAME NAME NAME NAME	635/ Deale	Charakton	Kg.
9	14. FATHER'S NAME	MIDDLE LAST /		FIRST	WIDDLE	7	LAST
	Henry	Dunst	00	H/ma_	ADDRE	1	ngram
1	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.		7673	17 INFORMANT	53	51 Deale	
	No	219-24-	1617	Mrs, Edna D. O	FFer Po. F.		irchton, md.
1	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only ane cause per line for (a), (b), an	nd (c).)			B€Î'	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		IATE CAUSE (o)	run	rena			
	1 4860	DUE TO, OR AS A CONSEQUI	ENCE OF				
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	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF				
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1		T CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(0
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING						
1	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	
	Ē				YES NO	YES 🗌	NO 🗆
7	210. ACCIDENT WAS UNDERLYING	LIGHT A LI MONITULE	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PART I OR PA	RT 2)
	OR CONTRIBUTING CAUSE OF	DEATH	19				
	(IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION	CITY OR TO	wn coun	ITY STATE
	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE,	FARM, EIL)	SINCE		1	
		spital) attended the deceased from	1	983 19	to 12/1X	83 19	, that (1) (last
		on ret) view the bady after death.	en 1180	d that in (my) (our) opinion o	death occurred an the do	ate and hour and fro	m the causes stated
	226. SIGNATURE	Net) view the body differ death.		DEGREE		22c.	DATE SIGNED
	musa	aus In Dr SE	LON	ICK ATTENDING PHYSICIAN DE	MEDICAL STAI	IAN []	4/18/18
-	22d. PHYSICIAN'S NAME (TY	PE OR PRINTI		22e ADDRESS			11.01.0
	STUART	SELONICK					
-	230. BURIAL, CREMATION, REMOV		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	(SPECIFY) R	12 21 50 M	ital	11 Church Cen	CITY OR TOWN	COUNTY	STATE
	24 FUNERAL DIRECTOR	14-44-00/11	irche	25a DAT	E REC'D. BY REGISTRAR	25b. REGISTRAR SI	GNATURA
	NAME A	410 W. Frankl	in St	· DEC 2		an In Cal	well

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

Warrenton, N.



AND SCHOOL ST.

STATE OF MARYLAND

1	STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10.		
I DE	CEASED NAME FIRST FORRES	MIDDLE F	ober	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 3	26. HOUR
3 SE	m	NE 9RD	5. DATE MONT	OF BIRTH OAY YEAR	6 AGE (IN YEARS LAST BIR		NDER I YEAR	
· '	MARYLAND	CITIZEN OF WHAT CO	MARRII WIDOW		ANNE AR	or county of	DEATH	MD
m	illERSuille	Knoll woo	O MANO		128 USUAL OCCUPAT (TYPE OF WORK FOR MOST		26 KIND C	OF BUSINESS OR
130	ATHER'S NAME	ARUNG ANI	NCE BEFORE ADMISSION OR TOWN 1400613	134 INSIDE CITY LIMITS? YES A NO 15 MOTHER'S MAIDEN NA FIRST LORA	ME	ge CP.	TERR	
	WAS DECEASED EVER IN U.S. ARA		IAL SECURITY NO.	17 INFORMANT FLORINE BONN	ADDR	FSS		21009
NOI	PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO	CALLA ONSEQUENCE OF	CISTEST 1. C. UP T NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN I	me Ge.	AMAN ENTERVAL LONSET AND DEATH MELLES ALS
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WI IN CERTIFYING YES	G CAUSES	NGS USED S OF DEATH?
MEDICAL CER	216. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK		19 Y	21c HOW INJURY OCCUR			OR PART 2)	STATE
	270 I certify that (I) (this haspites aw the deceased alive an above, (I) (Wa) (did (did not 77b, SIGNATURE) 274 PHYSICIANYS NAME ITYPE OR	view the body after deal	1987	220 ADDRESS	MEDICAL STA	FF CIAN []		
	BURIAL, CREMATION, REMOVAL	236. DATE 12-27-1983	230 NAME OF O	1323 CEMETERY OR CREMATORY WN MEM. PARK	Magnol 23d LOCATION CITY OF TOWN Annapolis	COU		state cyland

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbinwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re-

IMPORTANT: If Item 21 is marked or Item 18 sho

24 FUNERAL DIRECTOR
WILLIAM RE REESE & SONS MORTUARY, P.A. RK Annapolis A.A. Maryl: 250. DATE REC'D. BY REGISTRAR'S SIGNATURE.

III I wille like to be a made her yell The same of the sa 1812 . St. - 1 - 281 . 1 - 181 . C. - 181 . much andres and 4822 44 A.C. UP 84/2/48 GE/EI 2.8 FAYE W. ALLEN 1523 MEGADLIE ALE TO GATE THE POLICE AND SHAPE

	STATE OF MARYLAN
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MI CERTIFICATE OF DE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 00	CE L CED LLL								EG. 140.				
	CEASED NAME OR PRINT)	FIRST		WIDDIE		AST	1	20. DATE OF DE			YEAR	26 HOU	
		MADEL	EINE	Sylvia	GALLI	ON		DECE	MREK	14,19	85	24!	5 AM
3. SE	X		4. RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY)		OFR TYFAR	IF UNDER	24 HRS
-	Female	4-3	Whit	.e	May		1909	74		YRS.	DAYS	HOURS	M IN.
	IRTHPLACE (STATE (OR FOREIGN	76. CITIZEN O	OF WHAT COUNTRY	? 8.	MARRIED NEVER MARRIED XX		9 BALTIMORE CITY OR COUNTY OF DEATH					
M	aryland		U.S	5.A.	WIDOWE		NORCED	ANN	E ARU	WDEL C	COUNT	Y	MD.
	GLEN BUR	NIE	"NOR	TH ARUNDE	LADRESS		STITUTION	120 USUALOCO		Ret,	KIND O	CISE	hIn
13a S	al residence (# NESTATE ryland	136 COUN	MY Anne	13c. CITY OR TOV	WN Hat	YES	CITY LIMITS?	13e STREET ADD			(21	090)	
14. FA	ATHER'S NAME					15 MOTHER	'S MAIDEN NAM	E					
	Frances		.11ian	n Gall:	ion	Id	a_		DDLE	(unkr	nown)	
- 0	VAS DECEASED EVI YES, NO OR UNKNOWN) NO		E WAR OR DATES			Mrs.	(Irle	end)		6627 sMt.	Run		Rd
18 CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TABLET IMMEDIATE									BETWEEN C	WATE INTER INSET AND	DEATH 2		
	Conditions, if o		DUE TO	OR AS A CONSEQU	n metastasis						61	non	竹
gove rise to immediate couse (a), stating the underlying cause lost. (c) DIETO, OR AS ACCOUSEQUENCE OF CANCEL (c)									61	ung	tis		
NO	PART 2 OTHER SI	GNIFICANT	nem	CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMIN	NAL DISEASE OF	RCONDITIO	N GIVEN IN	PART 110		
CERTIFICATION	190. DATE OF OPER	RATION		NDITION FOR WHICH	H OPERATIO	N WAS PERF	ORMED	200 AUTOPSY		IF YES, WEI CERTIFYING YES			H2
	210. ACCIDENT WAS I OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DEA	TH HOUR	E OF INJURY A.M. MONTH D P.M.	PAY YEAR	21c HOW II	NJURY OCCURRE	D (ENTER NATURE	OF INJURY IN IT	EM 18 PART I C	R PART 2)		
MEDICAL		WHILE ORK		CE OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCAT STREE		CI	TY OR TOWN	′/	OUNTY	51	IATC
	22e.1 certify that (I) (this hospital) attended the deceased from										,		
W.	obove, (I) (we) (did) (did not) view the body ofter deoth. 27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									12. DATES	SIGNED //-	83	
	LONG S. HSU, M.D. 22e ADDRESS 7845 OAKWOOD ROAD, SUITE 104. GLEN BURNIE, MARYLAND 21061												
22- 5					NIAME OF S					210	O.T.		
	BURIAL, CREMATIO	N, KEMOVAL	The second				CREMATORY	23d. LOCATIO	OWN	cou			TATE
	Buria1		I Pec	17.83 C	edar	Hill	Cemeter	ry Broo	klyn	Park	A.	A. M	1D

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ethending physhold be detached for use as the burial-transit permit. Then please remove comban with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or empo

etoined by the hospital or attending physicial

BP.

Singleton Funeral Home Glen Burnie, MI

Cemetery Brooklyn Park A.A.

256 CALE REC'D. BY REGISTRAR'S SIGNATURE
MD 1983

OF WAR AND THE FOR STATE REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

mpletely filled in by the funeral di-gnd 2 should be filed within 72 hoi TO FUNERAL DIRECTOR: After this certificate has been

far use as the burial-transit permit. of Health and Mental Hvaiene prior MPORTANT: If Item 21 is marked

DHMH - 16 50M 4/B2 (VRA 15, 4)

	CEASED NAME	PIRST	~	NIDULE		ASI		26. DATE OF DEAT	MONIH	DAT TEAR	Zb. HOUR	
1.164		Pegg	v G	rav	Ga	rner		Decemb	per a	0,1983	1:13	
3. SE			RACE	ruy	S. DATE C	F BIRTH		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
-	fomolo		white		MONTH		1925	58		MONTHS DAYS	HOURS MIN.	
female white				บน	ne 24,	1925		YRS.				
	IRTHPLACE STATE OR FO	REIGN 7	. CITIZEN OF V	WHAT COUNTRY?	MARRIED WEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH				
Forrestville,					WIDOWED DIVORCED			Anne A		Co	ME	
10. C	ITY OR TOWN OF DEAT	H 1		OSPITAL, NURSIN		OR OTHER INSTIT	TUTION	120 USUAL OCCU			OF BUSINESS OR	
1	Annapolis					eral H	osp.	Educati			.Co.	
	AL RESIDENCE (IF NURSIN	IG HOME OR O		GIVE RESIDENCE BEFORE		13d. INSIDE CIT	VIIIAITS2	13e. STREET ADDRI	222	20	711	
	Md.		.A. Cd				NOX		rts Dr	00	///	
4. F	ATHER'S NAME					15. MOTHER'S		WE				
R	alph	A	DDLE	Gra	v Sr		eanor	MIDO	3.J	Gri	ffith	
_	VAS DECEASED EVER I		-	166 SOCIAL SECU		17. INFORMAN			DDRESS 30		s Dr.	
(YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	E70 20	0112	1.7 - 7 7 -	0 - T	0 - 10 10 10 10	0			
	no			5/9-32-	8113	матта	ce J.	Garner	PLPOF			
	18. CAUSE OF DEATH PART I. DEATH WA	(Enter only S CAUSED MMEDIATE	BY:	MYOC	AR	dia	Ir	MARC	MON	BETWEEN	MATE INTERVAL ONSET AND DEATH	
	4912 Conditions, if ony,	which	DUE TO, OF	AS A CONSEQUE	13 EN	Cemp	140	ARONIC .	BROW	1 tis		
	gove rise to imme	ediote)		6							
	cause (a), stating underlying cause	last.	DUE TO, OF	R AS A CONSEQUE	NCE OF							
			(c)									
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116											
AT	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH C			21 10 00 - 11 1 0 .			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED					
IFF			12.7					YES ☐ NO IN CERTIFYING CAUSES OF DEA YES ☐ NO				
CERTIFICATION	210. ACCIDENT WAS UNDE	RLYING	21b. TIME O			21c HOW INJ	URY OCCURR	ED (ENTER NATURE OF	~			
	OR CONTRIBUTING CA		,	M. MONTH DA								
2	(IF EITHER, NOTIFY MEDICA		P./		19							
MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM FIC)	21f LOCATION	7	CiTY	OR TOWN	COUNTY	STATE	
2	WHILE NOT WHILE		1,551,000,018	out, merour, orrice, r				,	1	0.0	, =	

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICHAN'S NAME (THE OFFINI) 22e. ADDRESS Addison RoAd South 311

12 AD Reidgely Ave. Ann. Md. 21401

DEGREE

220.1 certify that (1)(this haspital) attended the decessor from

23b. DATE

12/23/83

obeve (V(we) (did) (did not)

Hardesty Funeral Home

23a. BURIAL, CREMATION, REMOVAL

(SPECHY) Burial

24. FUNERAL DIRECTOR

A. MCGUIRE Sent Pleasa Nt.

md, 20743 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY

Woodlawn memorial Pk. Easton, Md.

idgely Ave.

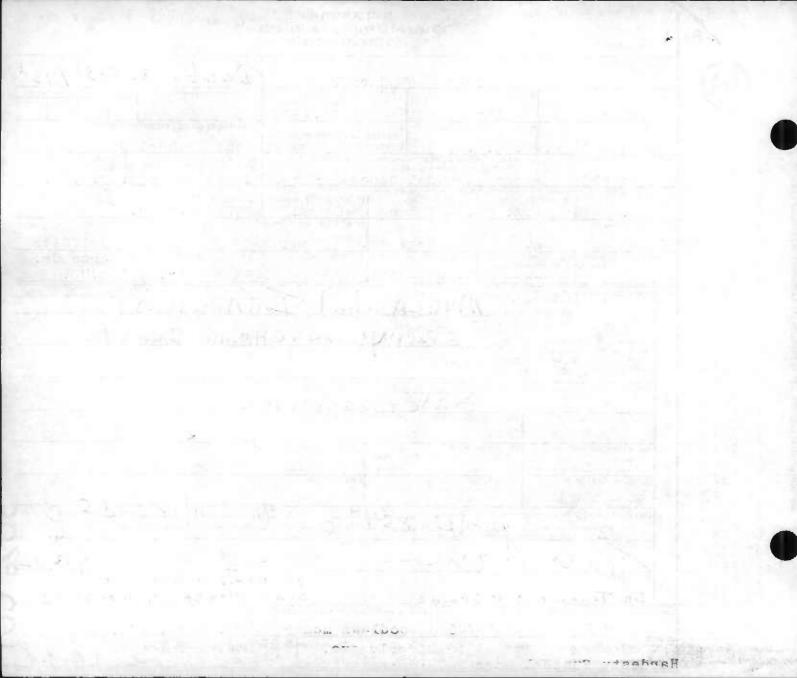
DEC 29 1983

(our) opinion death accurred on the date and hour and from the causes stated

REG. NO

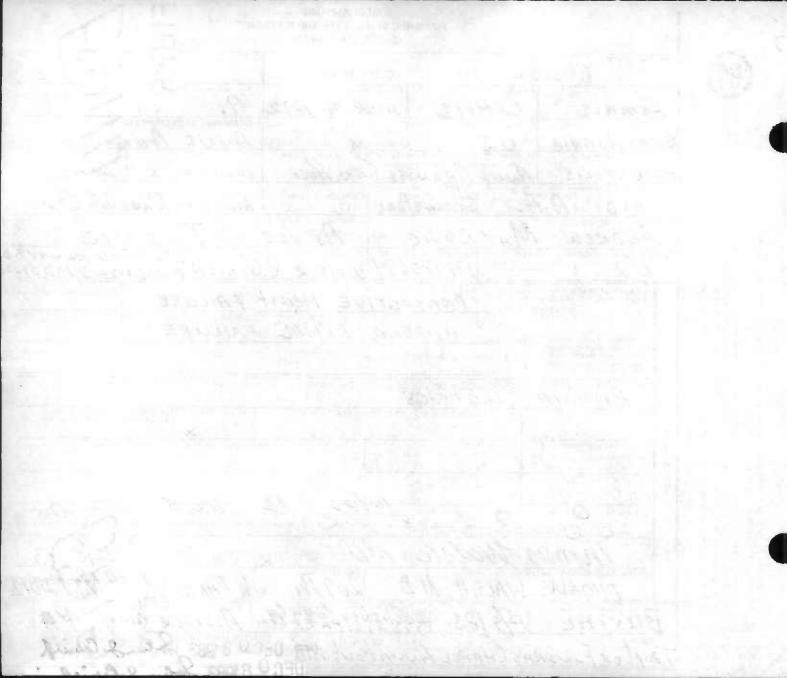
22c. DATE SIGNED

STATE



4	-	1 -	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3	1575
		(TYPE	EASED NAME ELIZATE		Gerich	20. DATE OF DEATH MONTH	05 83 6 p M
{	director hours of	3. SEX	-EMALS	WHITE	S. DATE OF BIRTH	6 AGE (INYEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN. S.
	uneral dir		OUNTRY) AKAUSTRIA	76. CITIZEN OF WHAT COUNTI	MARRIED NEVER MARRIED WIDOWED DIVORCED	P. BALTIMORE CITY OR COUNTY OF COUNTY	NTY OF DEATH RUNDEL MD.
		1	INA POLIS	11. NAME OF HOSPITAL, NUR UF NOT IN SUCH FACILITY, GIVE STI HOUE HRUA	SING HOME OR OTHER INSTITUTION HET ADDRESS! JDEL GEN. HOSP.	170 USUAL OCCUPATION (TYPH OF WORK FOR MOST OF WORK IN TO MEM TO KE	IZE. KIND OF BUSINESS OR INDUSTRY
	filled in	USUA 13a S	LERESIDENCE (IF NURSING HOME OF	UMCITY OR TO		13e STREET ADDRESS / ZIPC	
	completely s I and 2 sh	14. FA	THER'S NAME ANDREW	MAUROYI	NIC		
	Poge d		AS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SI VE WAR OR DATES) 18148	CURITY NO. 17 INFORMANT 2684 WALTER K	ADDRESS 6	2 OED ANNORK UNBLIS MD 214
	g physicia onpapers: remaval. event, the		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b) ED BY: TE CAUSE (a)	GESTIVE Hear	+ FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	attendin ove carb ntion, ar		5850 Conditions, if any, which	DUE TO, OR AS A SONSE	RONIC RENAL	FAILURE	
	by the ase rer I, crem other		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF		
	n signe Then pl r to bur injury, d	NOI	AnemiA	, Diabete	O DEATH BUT NOT RELATED TO THE TER		
	s be	CERTIFICATION	19a. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	phys of Hico	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
6	After this cer se as the burio calth and Ment marked or Iter	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	10/22 0	CITY OR TOWN	COUNTY STATE
	ortal for un		saw the deceased alive on above (I) we) did (did no	ital) attended the deceased from 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and that in (my) (our) apinio	on death occurred on the date and	
	# Head		276 SIGNATURE	s Walsh	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/5-/83
(TO FUNERAL shauld be det with the State		77HOMAS	WALSH M	.D. 269 Penin	sula FARM Ro	1 HRNOLD 121012
	BP	230. 8	SURIAL CREMATION, REMOVAL	12/9/83 A	ILLE STENEY PARK	ALLISON	PARK PA"

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR

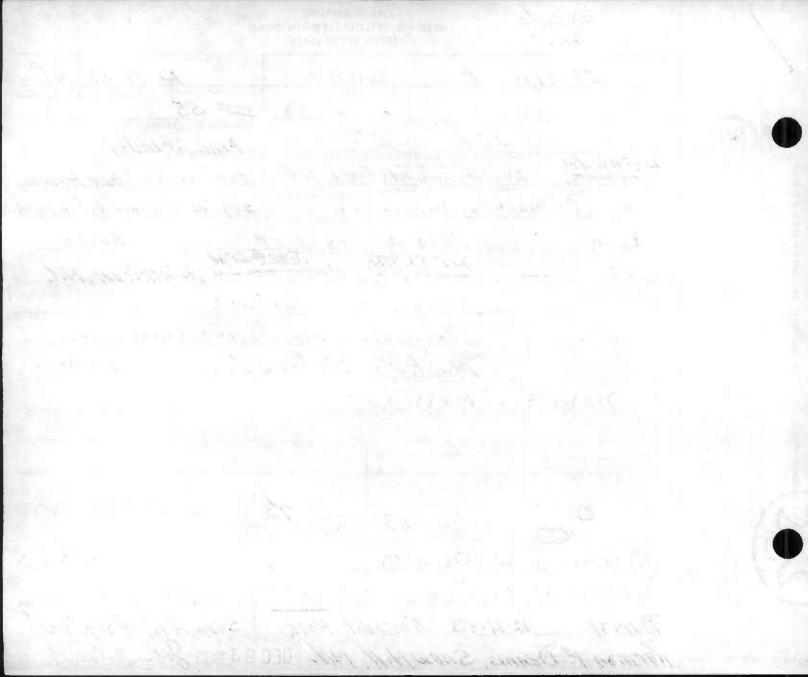
DHMH - 17 (VR A15 ME (5) 20M 4/B2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO Th HOUR 19 24 HOUR 0138 1983 9 BALTIMORE CITY OR COUNTY OF DEATH 12g USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Jum 6 **ADDRESS** MI ani APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

> 20 AUTOPSY? YES [

COUNTY

STATE



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

BP______ DHMH - 16 50M 4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

				STATE OF MARYL	AND	3 3	1 3 / 3
0	1	FOR	DEPAR	TMENT OF HEALTH AND	MENTAL HYGIENE	0	
71		STATE REGISTRAR ZID 21	012	CERTIFICATE OF D	EATH	REG. NO.	
	1. DEC	EASED NAME FIRST	WIDDLE	LAST	2g. DATE	OF DEATH MONTH DA	AY YEAR 26. HOUR
		OR PRINT)	0/	60000		10 -	1/ 03 9.151
			1a ALMA	(2) (2)		100	FUNDER 1 YEAR IF UNDER 24 HRS
	3. SEX		4. RACE	5. DATE OF BIRTH			ONTHS DAYS HOURS MIN.
		<u>+</u>	1 6	10 16	19 4	OT YRS.	
05		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER	AARRIED 9. BALTIA	AORE CITY OR COUNTY	OF DEATH
2		ma marinum	UISIA	WIDOWED DI	VORCED 🔲 🔍	nne ar	undel MD.
2/1	10.5	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		TITUTION 12a. USUA	AL OCCUPATION ORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
2)	U	innapolis	Conne (C)	rundel O		mesTic	01-10
27			OR OTHER INSTITUTION, GIVE RESIDENCE BEFO			T ADDRESS	0/10/01
E)	13a. S	1.	B, Arnoh	1	NO M 53	Old Imes S	Station Rd
2 1	14. F.A	THER'S NAME	171 111 111		S MAIDEN NAME	CALUTURAS.	
E .		FIRST	MIDDLE	to	FIRST	MIDDLE	1.1 CLAST
NU		John	HENRY COA		AVENIA	ADDRESS Q	While
dico		VAS DECEASED EVER IN U.S. AI	IRMED FORCES 166 SOCIAL SE	CURITY NO. 17. INFORMA	NI s	- 4	LNOYA WO
Ĕ		NO	D15-30	1-02515/02	- LING Green	33010 10	INPS SIAlion Rd
£/		18. CAUSE OF DEATH (Enter o	anly one couse per line far (a), (b),	and (c).)	1/1/	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rent		PART I. DEATH WAS CAUS	SED BY:	1 ()	salamas h	montree	- 24 hrs.
ic e		1510 IMMEDIA	1/1	X			
E O		13/1	DUE TO, OR AS A CONSEC	. L. M. M.	001	1 1 3	2 0000
20		Conditions, if any, which gove rise to immediate	(b) NOV	money	a fora		g mo
ie.		couse (a), stating the	DUE TO, OR AS A CONSEG	QUENCE OF	U		- 15 also 17-18
ā		underlying couse lost.	(c)				
γ, ο		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED	TO THE TERMINAL DISE	ASE OR CONDITION GIVE	N IN PART 110
5 0	O	SIPOAMLA	co-protection	w 20 ada	ANTRANIAN	roma of	al amaila
2	CERTIFICATION	19s DATE OF OPERATION		CH OPERATION WAS PERFO		JTOPSY? 206. IF YES.	WERE FINDINGS USED
5	FIC	Mr. 1003		Carrie	veck		ING CAUSES OF DEATH?
\$ 77	RT	21s ACCIDIAT NAS UNDERLYING	21b Mime OF INJURY	al library	YES Y	NATURE OF INJURY IN ITEM 18 PAI	
8		OR CONTRIBUTING TEAUSE OF DE	The second secon	DAY YEAR	SOKI OCCORNED TENIER	NATURE OF INJURY IN TIEM TO PAGE	AT I OR PART 29
6 /)	₹ S	(IF EITHER HOTEY MEDICAL EXAMPLE		19			
ŏ	MEDICAL	21d INJURY OCCURRED	214 PLACE OF INJURY	ZII LOCATIO	NC	CITY OR TOWN	COUNTY STATE
e y	2	AT WORK				11/02	
E		220.1 certify tho (I) this host	pital) attended the deceased from	m 12/25/25	, 19, to	17/76/8)1	9, that (1) ye) lost
20.00			not) view the body after death.		(gh) opinion death occu	rred on the date and hour	and from the causes stated
E		obove if the did dut in	lot) view the body after death.	DEGREE	,		IN DATE SIGNED
±		111	0	111	ATTENDING _ MEDICA		12/11/07
ž-		Warn !	ansing			OR PHYSICIAN	10/0-6/03
¥ E		776 PHYSICIAN'S NAME (TYPE	/	22e ADDRES	0	٨	10
MPORTA		Wim A	Casside	25/0	KIVa	Annap	0115
3	23a. E	BURIAL, CREMATION, REMOVA		E. NAME OF CEMETERY OR	CREMATORY 23d. LC	CATION CITY OR TOWN	colors than
	1	3 Wria'L	12-29-856	Arpellen	HILL	A . I	A. ma
	24 FL	JNERAL DIRECTOR -	17	-NALA-POLL	250. DATE REC'D. B	Y REGISTRAR 256. REGISTR	PAR'S SIGNATURE
/82	d	CNAME 1 DOLL 1	1927 I ADRESS	Dang	TAN 4	1984	migh banky
	C	GIMICES	IND TUNES! !	2000	1 Unit 2	U	

The state of the s

- S	OR TATE EGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH		REG. N		1 .5	1 9
T. DECEA	PRINT) ELLA	FIRST	MA	WIDDLE		RIMES	20 DA	Dec Death		1983	6:15
3. SEX	emale	4 RA	CE Whit	e	5. DATE O	ot 23,1901	6 AGI	82	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 MR
(CPA)	PLACE (STATE OR FO	DREIGN 76 C	ITIZEN OF US	WHAT COUNTRY?	8. MARRIEI WIDOWE	DEVERMARRIED DEVERMARRIED DEVERMARRIED	_	TIMORE CITY	_	TY OF DEATH	
	or town of DEAT en Burn			HOSPITAL, NURSIN Affundet		prother institution spital		onenak Onenak			of Business of home
USUAL F 13a. STA	RESIDENCE (IF NURSIN	36 COUNTY	INSTITUTION	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO T	13e ST	FET Chess	ter	Circle	2106:
	Joseph	F		Smith		Mammie	NAME	Middle .		Hih	es
	NO OR HANDOWN)	U.S. ARMED	OR DATES)	166 SOCIAL SECU 213/74/		Dolores E	. Wi	nter (hter)s	ame as
9 c U	Gonditions, it any, gave rise to immeause (a), stating underlying cause	which ediate the lost.	(c)	RAMA CONSEQUE	ence if	in oclared NOT RELATED TO THE TE	EMINAL D	Par ISEASE OR COM	De POLITION G	GIVEN IN PART I	a
CERTIFICATION	DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATIO	n was performed		AUTOPSY?	INCERT	ES, WERE FINDI TIFYING CAUSES YES []	
MEDICAL 21	ACCIDENT WAS UNDER R CONTRIBUTING CA CIF EITHER, NOTIFY MEDICA INJURY OCCURRE WHILE NOT WHILE NOT WH	AUSE OF DEATH ALEXAMINER)	P.	OF INJURY M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, I	19	21c. HOW INJURY OCCI 21t. LOCATION STREET	URRED (E	CITY OR TO		COUNTY	STATE
	sow the deceased abave, (I) (we) (di	this hospital) o	Jee	- 13 19		nd that in (my) (our) apinio	, to	ccurred on the c	e - X5 date and he	our and from the	
	b. SIGNATURE	A gran	Jul	1		DEGREE ATTENDING PHYSICIAN 77e. ADDRESS		CTOR PHYSI		M. DATE	V3X
	Anasta	cio E.	Sub	ong Jr.	M.D	. 206 Cra	in H	wy S.W	. G1	en Bur	nie Mo

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate hos be should be detached for use as the buriol-transit permi with the State Dept. of Health and Mental Hygiene pri

24 FUNERAL DIRECTOR Funeral Home Glen (VRA 15, 4) Singleton Burni

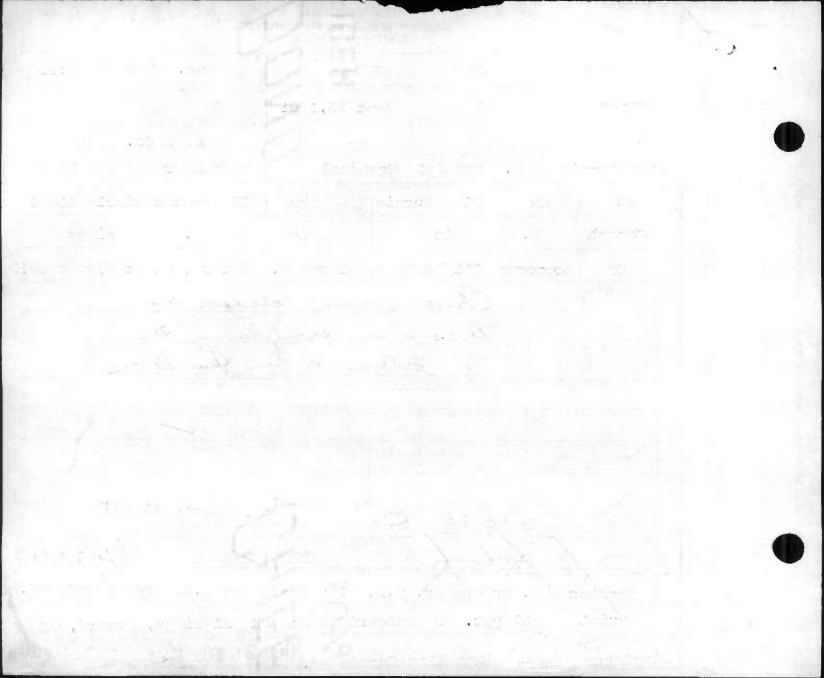
Dec

230. BURIAL, CREMATION, REMOVAL (SPECIF Burial)

13d LOCATION
CHYOR TOWN
Elkridge, 23c. NAME OF CEMETERY OR CREMATORY

Meadowridge Mem Pk Howard, STATE

DEC 28 1983



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directly should be detached for use as the burial-transit permit. Then please remove carbanpapers. Page a and a should be filed within 72 hours a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

medical

any injury, ar other traumatic event, th

MAPORTANT: If them 21 is morked or them 18 thorn

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.			ES	51
		CEASED NAME FIRST MARY	Ellen	HAAG	AST	20. DATE OF DEATH MODEL DECEMBER		1983	26. HOUR 511	PM
	3. SEX	× Female	White	5. DATE O	L DAY YEAR -	6 AGE (IN YEARS LAST BIRTHDA		IF UNDER 1 YEAR	IF UNDER 2	MIN.
2		RTHPLACE STATE OR FOREIGN COUNTRY) ONLO	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIE WIDOWE	D MEVER MARRIED	9 BALTIMORE CITY OR C			Y	MD.
1	10. CI	GLEN BURNIE	11. NAME OF HOSPITAL, NURSIN			124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOUSEWIF	DRKING LIFT	12b. KIND O INDUSTRY a.t	f BUSINES home	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR Md. Anne		N ₂	13d INSIDE CITY LIMITS? YES NO A	STREET ADDRESS	ing	Aves.	211	22
0	14 FA	Chester	A. Young		Janet!	WIDDLE	I	Lennox	ī	
	16a W	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) IF YES, GO	RMED FORCES? 166 SOCIAL SECUL XEWARD ADATES) 277-20-		Earl V. Has	address ag same as	3 13	3 E		
/	CERTIFICATION	A 1	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO CONTRIBUTION FOR WHICH	Mel	litus	20e AUTOPSY? 2	ON GIV	EN IN PART 110	IGS USED	
1		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE		YEAR	21c HOW INJURY OCCURRE	YES NO P		ART 1 OR PART 2)	NO [
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOWN		COUNTY	51	ATE
		sow the deceased alive on	ot) view the body ofter death.		DEGREE MD ATTENDING PHYSICIAN 22e ADDRESS GLEN BUR	MEDICAL STAFF DIRECTOR PHYSICIAN	ÖAD,	22c. DATE	SIGNED	
	(BURIAL, CREMATION, REMOVAL (SPECIF BURIAL			EMETERY OR CREMATORY Lde Mem Prk	W. M. M.	umin		. Oh	ATE 10
	24 FL	UNERAL DIRECTOR			25a DATE	REC'D. BY REGISTRAR THE	ME GIST	WAR'S SIGNAM	URE .	

DHMH - 16 50M 4/B2 (VRA 15, 4)

retained by the haspital ar attending physician.

BP.

Funeral Mountain DEC 20 1983

Company of the National Part of the Company of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove contramplets. Pages I and 2 should be filled with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or semenal.

injury, or other traumotic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shaws ony

page 3

STATE OF MARYLAND

1 -	STATE REGISTRAR	DEPARIMI	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY
(ITTE	ELEANO		HALL.	6 AGE (IN YEARS LAST BIRTHD	
J. SE	EMALE	WhiTE	5. DATE OF BIRTH	age (in years last birtho)	MONTHS DAYS HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR C	OUNTY OF DEATH
	nD		WIDOWED DIVORCED	Honet	trundel MD
10 CI	Anna polis	1. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS HAME HEUNAL	DORESS) GEA, HOSP	TOME WAS TO THE OF WAS TO STORE	
		THER INSTITUTION GIVE RESIDENCE BEFORE A	DMISSION)		
13a S	NO TAA	Hnna P	YES NO [13e STREET ADDRESS / ZI	11- 11-0
IA FA	THER'S NAME	H Hall TO	15. MÖTHER'S MAIDEN NAM	Maria	Feton
16a. V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRESS	5311 ald Solomons Laten
1,	PE NO ORLINKNOWN) (IF YES, GIVE	WAR OR DATES) 211-36-4	545 William H	all-Lothi	an_MU20711 Rd
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), and BY:	Parita (Description of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
34	IMMEDIATE	CAUSE (o) (U)(ALLO	- Keyamany a	MILL	
	4292	DUE TO, OR AS A CONSEQUEN	NCE OF C. 7 COM	1: 1/. /	X (10011
	Conditions, if any, which gove rise to immediate	(16) attest	DACUADUCICADA	10-MACUSE	1 by George
	couse (o), stoting the	DUE TO, OR AS A CONSEQUEN	ICE OF		
	underlying couse lost.	(c)			
NO	PART 2 OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART To
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED		06. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	TIEM IB PART I OR PART ?)
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR 19		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FAI	RM ETC) STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this hospite	I) attended the deceased from	Dan 1083	10 ARES	9 19 83 that (I) (we) lost
	sow the deceased alive on_	19	//	death occurred on the date	and hour and from the causes stated
	obove (T) we) (did Odid not) 22b. SIGNATURE	view the body ofter death.	DEGREE		22c DATE SIGNED)
	IN SIGNATURE	A Motton	ATTENDING _	MEDICAL STAFF	- 12/20/22
133	224 PHYSICIAN SNAME (TYPE OR	PRINT)	22e ADDRESS	J DINEETON L. THIOTEN	
	BARRY K.	NATHANSO:	N 51 FRANK	KLIN ST.	ANNAP MIS.
23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N.	AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STALE
K	Jurial	Jan 1,1984 St.	James	Lothian	AH- MD
24 FI	INERAL DIRECTOR	Accords			BESISTRAR'S SIGNATURE
10	autor traner	al Chapel-Hr	MapolisMI) JA	N-4 1984	john of while

DHMH - 16 50M 4/83

(VRA 15, 4)

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retained by the haspital or attending physician.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH DECEASED NAME YEAR 26 HOUR arena 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS VE AB MONTHS DAYS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? U.S.A. Wisconsin Anne Arundel Co. WIDOWED TX DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Edgewater Pleasant Living Conv. Centler Beautician Beauty salon USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE 136 COUNTY 138, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [NO E 30 Hearn Annapolis 803 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST MIDDLE FIRST MIDDLE LAST Albert Wells Clara unknown ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT Ide WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 547-26-016d Richard Taylor Bowie.Md.

4292	DUE TO, OR AS A CONSEQUENCE OF	
anditions, if any, which	(b)	
ave rise to immediate ouse (a), stating the orderlying cause last	DUE TO, OR AS A CONSEQUENCE OF	

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIFICA IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 216 TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNT STATE NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aur) opinion death occurred on the date and haur and fram the causes stated above It (we idid idid not) view the body offer deuth 776 SIGNATURE DEGREE 22c DATE SIGNED

23c NAME OF CEMETERY OR CREMATORY

ATTENDING MEDICAL PHYSICIAN [] DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TIPE OF PENT) FIR ADDRESS

Burial Cypress Lawn Cem Colma SSOC 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE ADDRESS12 Ridgely Ave.

Hardesty Funeral Home Ann. Md

23b. DATE

DHMH-16 25M (VRA 15, 4) 1/79

O FUNERAL DIRECTOR

should be detach

IMPORTANT

ne burial-transit pand Mental Hygi

230. BURIAL CREMATION, REMOVAL

STATE

TYPE OF PRINTS

70 BIRTHPLACE

Md

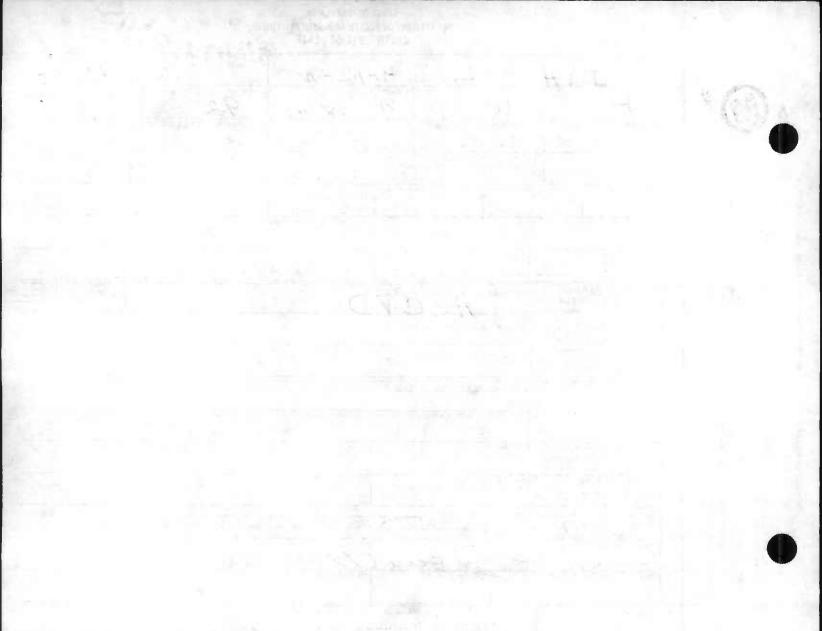
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COUNTRY

23d. LOCATION

STATE

COUNTY



STATE	OF M	ARYLAND

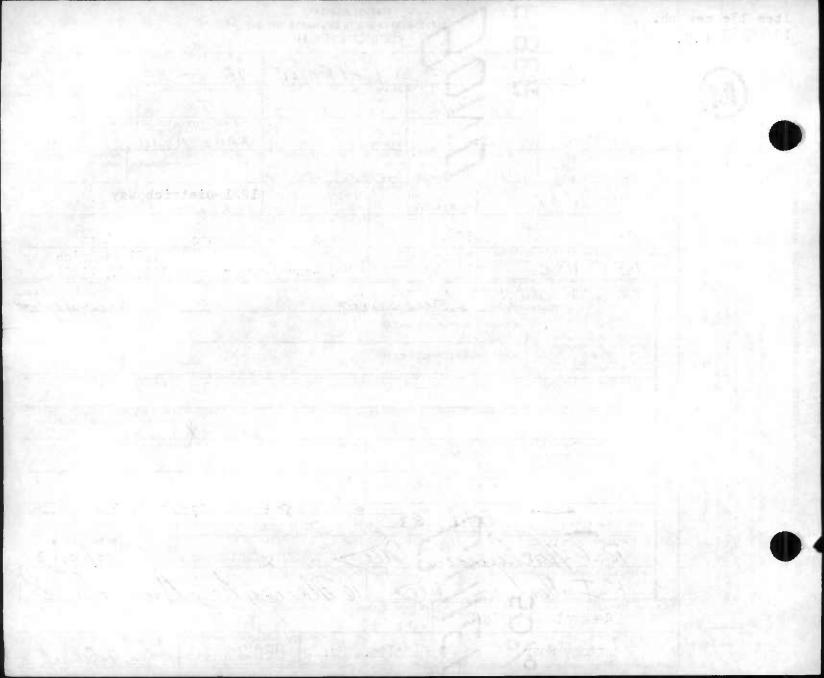
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1/83	K.G.		FOR STATE		DEPART		EALTH AND MENTAL HYC	SIENE O	0	4	0 0
100	K.G.		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
			CEASED NAME FIRST		WIDDLE	l.	AST	20. DATE OF DEATH	MONTH (HOUR
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A.A	1)	3. SE		4. RACE	The Bridge	5. DATE C		6 AGE (IN YEARS LAST BI			UNDER 24 HRS
1	1		Male	WI	rile	MONTH	-01-05	78	YRS.		DURS MIN.
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	8//		England	U.S		WIDOWE	D DIVORCED	ANNEF	rung	del Co	cen temo
	2/2	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION DE WORKING LIE	126 KIND OF B	USINESSOR
-	1)2		UNAPOLE, Md	ANNE	Hrunde	1 Ger	eral HOSPITA	L		,	
	25	130	AL RESIDENCE (IF NURSING HOME STATE WOOD 136 901	OR OTHER INSTITUTION	136 CITY OR TOW	N.	134 INSIDE CITY LIMITS?	11 ATREET ADDIRECT	randope	way .	1-1
1	E		HOUSE N	ACO	ANNAR	X15	YES NO	ANNAPOLI	s Ma	214	101
,	5		ATHER'S NAME	MIDDLE	tasi		15 MOTHER'S MAIDEN NA	WE WIDDLE	1	LAST	
/	O. A.	M	orris	Н	elfman		Anna	Rose		Katz	
	medical		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	122	1 Dietri	ch Way
	a wed		YES, NO OR UNKNOWN) (IF YES !	II	103-12-1	484	Mr. Henry W	Varner Annag	olis,		
4			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse pe	r line for (a), (b), on	dign	,			APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
	eve			ATE CAUSE (o)	Leu	Lou	ua			Lacro	Cres
200	5		2089	DUE TO, C	R AS A CONSEQUE	ENCE OF				2 20 300	1
fromm	5		Conditions, if ony, which	(b)_							
10	Ď.		gove rise to immediate couse (a), stating the	DUE TO, C	R AS A CONSEQUE	ENCE OF				100	
den on			underlying couse lost.	((c)_							
	, A	7	PART 2. OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 110	
	<u><u><u> </u></u></u>	CERTIFICATION							Ton as use	AMERICA COMPANIA	
S Ony	X	N N	190 DATE OF OPERATION	196 CONL	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDINGS YING CAUSES OF	
show		E					In the same of the	YES NO	_		40 🗌
00	0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	- Linus I	OF INJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INA	RY IN ITEM TO P.	ARI I OR PART ?)	
te a	/	Ŭ.	(IF EITHER NOTIFY MEDICAL EXAMIN	(ER) P	.M.	19					
d or		MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
rked	1	1	AT WORK AT WORK			-			/		
	15 11		22a I certify that (I) (this has	10	he deceosed from	- >	4/// 19	, to 12/	13	19 <u>83</u> , tho	
21			sow the deceased alive a above, (1) (we) (did	not) view the bod	diter deoth.		nd that in (my) (our) opinion	death occurred on the d	ote and hou		
lane.	1		THE SIGNATURE	/ //		Di	DEGREE	MEDICAL STA	cc	22c. DATE SIG	NED
TANT: #			18 mt 4/1	gelle.	unu,	ne		MEDICAL STA	IAN	12/13	185
-	RIAL		274 PHYSICIAN'S NAME (IN	Optional /		/	77e ADDRESS	1	1	1	7/
	MPORTANT		K. 1 17	ochus	w. nel	>	16 MKrr	Zer Hall	Han	contactor	REC/
	~		BURIAL, CREMATION, REMOVA	236. DATE	102	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	_		(SPECIFY) Removal	12/18	/03	-			M. I. 153		
	100	24 F	UNERAL DIRECTOR				25a DA	TE REC'D. BY REGISTRAF	25 BEGIST	RAR'S SIGNATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

Anatomy Board

Balto., Md.

DEC 22 1983 John & Coming



executed within 24 hours after requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician.

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STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

1.	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.) 1 3 0 4
	CEASED NAME FIRST PROPRINTS	2 Wercolbe	HEISE	20. DATE OF DEATH MONTH DEC 13	1983 PM
3. SE.	EMALE	WHITE	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS	
	COMMIRAN	USH IV	MARRIED VIEVER MARRIED		KNDEL MD.
Ax		1. NAME OF HOSPITAL, NURSING IF NOT IN SUCYFACILITY, GIVE STREET ADD OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD		120 USUAL OCCUPATION (PINE OF WORK FOR MOST OF WORKING	Brand of Education
10	AL RESIDENCE (IF NURSING HOME OR O	131. FOY OR TOWN	YES NO NO	211 HORNOO	D RD 21401
(ATHER'S NAME FIRST POPOLO NAS DECEASED VER IN U.S. ARM	ED FORCES? Hob SOCIAL SECURIT	15 MOTHER'S MAIDEN NA FRST TY NO. 17, INFORMANT	MIDDLE ADDRESS	hachus
((1F YES, GIVE	van OR DATES) 220-28-49	802-A E-dward	IT. Heise-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TION		DUE TO, OR AS A CONSEQUENCE OUT TO, OR AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO DEA	CE OF ATH BUT NOT RELATED TO THE TERM		
CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OF		YES NO NO NO ER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR OF DEATH OF CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER OF COURSE AT WORK NOTIFY MEDICAL EXAMINER OF COURSE OF C	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 216. PLACE OF INJURY (AT MOME STREET, FACTORY, OFFICE, FARM	YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM I	COUNTY STATE
	22a. certify that (1) (this hospite stay the deceased give an above, (1) (we) stict (did not) 274.5 (SANADJRE	view the body offer death. 19	DEGREE ATTENDING	death occurred on the date and h	19, that (I) (we) lost our and from the causes stated 22, 4,83 23,403
E	BURIAL, CREMATION, REMOVAL	1236. DATE 1236. NAJ Dec 16,1983 S	ME OF CEMETERY OR CREMATORY	Phonapol NS	Em Aug
4	YLOR FUNSKAZ	CHAPRI HOWN	AFOUS MD DEC	TE REC'D. BY REGISTRAR 25b. REG	ISTRAK'S SIGNATURE

DHMH - 16 50M 4/82

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or removal.

injury, ar other traumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows any

(VRA 15, 4)

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retained by the haspital or offending physicia OR ATTENDING

TO HOSPITAL

FOR 1 - STATE REGISTRAR 1. DECEASED NAME FRSI		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYGI ERTIFICATE OF DEATH	REG. NO	S S S S
(TYPE OR PRINT) WILLIAM	1	ELMS SR	DECEMBER	15,11001
3 SEX A R	White 5.	DATE OF BIRTH MONTH DAY 1895	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HHS MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY)	// //	MARRIED NEVER MARRIED VIDOWED DIVORCED	9 BALTIMORE CITY OF ANNE AP	
GLEN BURNIE	a torear a decor to the a	OSPITAL	120 USUAL OCCUPATION OF WORK FOR MOST OF	
OSUAL RESIDENCE (IF NURSING HOME OR OTH 130. STATE 130. Are A	136CITY ORITOWN	YES NO P	1324 Tan Co	zip cope, 21122
Thomas	Helms	15. MOTHER'S MAIDEN NAM	WIDDIE	Gary LAST
160 WAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN] (15 YES GIVE W.)		YNO. 17 INFORMANT 19 Kanen Helms 1	1 Acton PL.	_ 21401.
18. CAUSE OF DEATH LEnter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	COLLA	7-1	<u> </u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1/0
190. DATE OF OPERATION 190. DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY? YES NO	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
OR COLUMNIA CALIFF OF STATE	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART T OR PART 2)
WHILE OF WORK OF WATER	21e: PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM	211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
220.1 certify that (I) (this hospital) saw the deceased glive on above, (I) (we) (did fidid not) vi	19	, and that in (my) (our) opinion o		. 19

ATTENDING PHYSICIAN

STAFF MEDICAL DIRECTOR PHYSICIAN [ROAD SUITE 200

231. NAME OF CEMETERY OR CREMATORY
Security Process

22e. ADDRESS

23d LOCATION
CITY OF TOWN
(atonsville Balt.

21061

730. BURIAL, CREMATION, REMOVAL
(SPECEN)
(nemation
24. FUNERAL DIRECTOR BP.

Tully Funeral Home 3204 Mountain Rd. 21122

236. DATE

DEC 9 1983

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cample should be detached for use as the burial-transit permit. Then please remove corban papers. Page and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the

IMPORTANT: If hem 21 is morked or hem 18 shows any

of director, page 3 9 hours after death

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	Like State and the state of the
Alex feet one . Billie	The state of the same of the s
	Thomas Habas date
The state of the s	The same of the sa

TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Facility for the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral is should be detached for use as the burial-transit permit. Then please remave corbonpapers. Pages 1 and 2 should be filed within 7 mould be detached for use as the burial Hygiene priar to burial, cremation, ar removal.

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical acadiner must be notified at

STATE OF MARYLAND

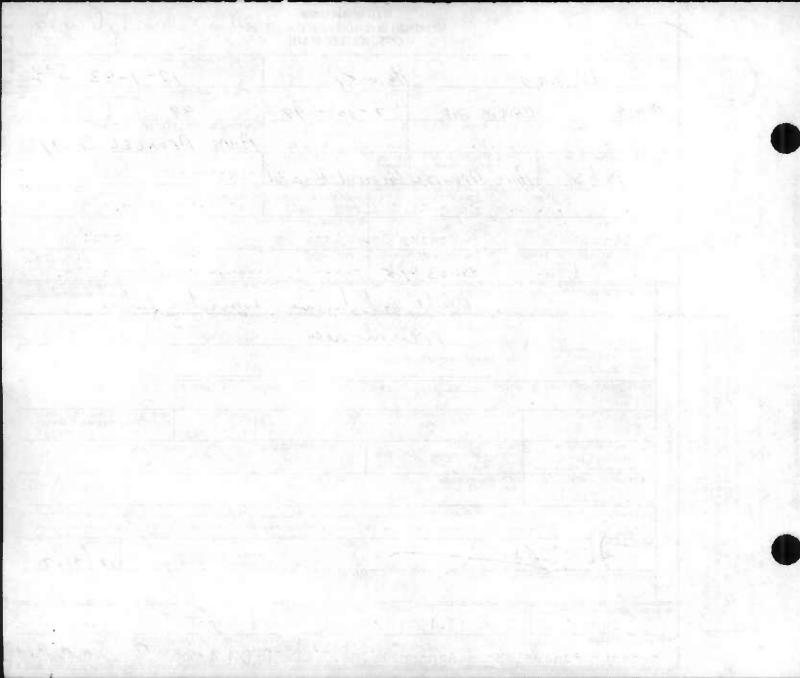
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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G. NO.					

1	- STATE REGISTRAR		DEI ART	CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST		MIDDLE	11	AST	20 DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
	Willia	m		MEM	SKY		12-9-	-83	J PM
3. SE	X	4. RACE		5. DATE (6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
1	MALE	CAUCUS	ian	7	-15-99	8	4 YRS.		, Alle
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
	Iowa	U.S.A		WIDOWE		Anne A	CUNDE	L Co	UNTY MD
10. C	nnapolis	11. NAME OF HOLES	HOSPITAL, NURSI HEACHITY, GIVE STREE PONDE L	TADDRESS	or other institution	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST C electruc		126 KIND OF INDUSTRY MOTIC	
USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP Md. A.A.	1TY	GIVE RESIDENCE BEFORE 130. CITY OR TOV Cape St	RE ADMISSION)	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS	/zipcobe way Dr	0)1	401
	ATHER'S NAME FIRST William	MIDDLE	Hemsl	ky Sr	15. MOTHER'S MAIDEN NAM	MIDDIE .	Н	orak	ī
	WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE			ia Dr.
- (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	480 03	9915	Betty J. S.	cherer Co			
_	18 CAUSE OF DEATH Enter or				1				MATE INTERVAL ONSET AND DEATH
NOI	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT ((c)	R AS A CONSEOL		NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	,
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.	PFINJURY M. MONTH D M.	DAY YEAR	21c. HOW INJURY OCCURR				110
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220 1 certify that (1) (this haspi saw the deceased alive on above, (1) (we) (did) (did no		19		nd that in (my) (our) opinion o	, to deoth occurred on the de	ote and hour an		that (I) (we) fast couses stated
	226 SIGNATURE	10	-		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		12/	9/93
	22d PHYSICIAN'S NAM	23b. DATE	23ε.	NAME OF C	22e ADDRESS EMETERY OR CREMATORY	23d. LOCATION			
	Burial	Dec.			untain View	Mesa			zona
	uneral director ardesty Funer	al Hon	ne Anna	12 R polis	ideely Ave-	EC 1 4 108	25b. REGISTRAR	'S SIGNATU	Capiel

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH STATE OF MARYLAND

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90	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST SAR	AH Evelyn	HERRELL	DECEMBER 2	3 1983 26 HOUR
3 SE	Female	White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 54 YRS	
	IRTHPLACE (STATE OR FOREIGN COUNTRY) / re, mice	76. CITIZEN OF WHAT COUNTR	Y? II. MARRIED NEVER MARRIED WIDOWED DIVORCED		EL COUNTY
10 C	GLEN BURNIE	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	GLIFE) 126. KIND OF BUSINESS INDUSTRY 10452 40 C
USU I∄o.	STATE Md. 136 CC	OUNTY A CO MISTITUTION GIVE RESIDENCE BEF	VILLE YES NO D	130. SIREET ADDRESS 1 801 Cedarcy	off Br. 8
4	Joseph	MIDDLE Chadles	15 MOTHER'S MAIDEN N.	WIDDLE	Chadwe
	WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SE S. GIVE WAR OR DATES) 214-30	-2566 Robert P.	Herrell ADDRESS	Same as #13
Z	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICAL	DUE TO, OR AS A CONSEC	rous Coll Coven	MINAL DISEASE OR CONDITION OF	GIVEN IN PART I 10
CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
-7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E. FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive	e on 12 (19 Lnot) view the body of the chart.	MA.	n death accurred on the date and h	nour and from the causes stated
1	224 PHYSICIAN'S NAME IN	way And	ATTENDING PHYSICIAN 224 ADDRESS	MEDICAL STAFF RECTOR PHYSICIAN () 7845 OAKNOOD ROA	D, SUITE 203/8
230	BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	JRNIE, MARYLAND,	
	Buriol	12-26-83	Lakemont Cem.	Davidsonvil	1/e COUNTY STAY
	UNERAL DIRECTOR	/ // ADDRES:		TE REC'D. BY REGISTRAR 255 REG	ISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR

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(VRA 15, 4)

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retained by the hospital or attending physician.

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BARTEANCO F. H.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1 3 3 7
	CEASED NAME FIRST OR PRINT) ADWAR	NIDOLE &	How	20. DATE OF DEATH MONTH	9/83 26 HOUR 905 M
3. SEX	MANE	CAUC.	5 DATE OF BIRTH MONTH DAY VEAR 12 85/06	6. AGE (IN YEARS LAST BIRTHDAY) 96 YR	
	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUL	MD.
AA	UNAPOLIS	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET AD AAG H		170 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKIN	IS LIFE INDUSTRY GEN, ELECTRIC
	AL RESIDENCE (IF NURSING HOME OR 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A NTY 136. CITY OR TOWN A SEVEN A		13e.STREET ADDRESS / ZIP CO	COURT 146
M. FA	EDWAND C	MIDDLE HOW LAND	15. MOTHER'S MAIDEN NA	ELE MIDDLE	KING
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNINOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 041 - 09 - 6	113-	ADDRESS	13 HBCDE
NO	PART I. DEATH WAS CAUSE MMEDIAN Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	cory umbolin	MINAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONST AND DEATH A A C C GIVEN IN PART 110
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH C	DPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	R) P.M.	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAI		CITY OR TOWN	COUNTY STATE
	22a.1 certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	ital) attended the deceased from 19	, and that in (my) (aur) apinion DEGREE	deoth occurred on the dote and	hour and from the couses stated 220 DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	13/9
22	Dr. BIER	NE		123d LQCATION	MD.
(BURIAL, CREMATION, REMOVAL TSPECTY MATION UNERAL DIRECTOR	12/10/83 6	AME OF CEMETERY OR CREMATORY LEGY VIEW CRE SOI RITCHIE 14 M 150. DA	TE REC'D. BY REGISTOR 256. REC	BUSINITE BALTO, MA

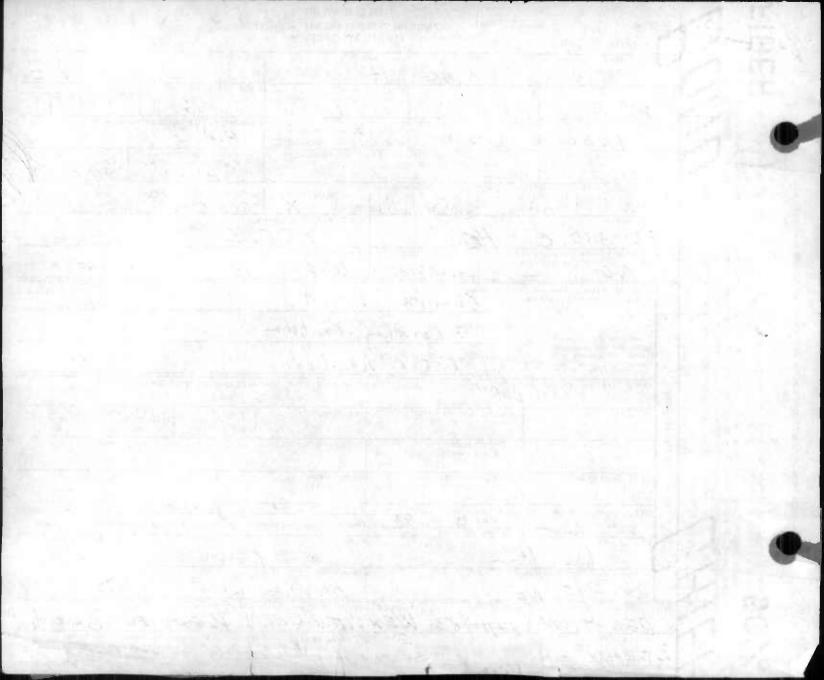
SEVERNA PARK

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Page 1 and 2 th with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 3 1 5 9 0
ON HODE LI HOWARD	12-28-83 PAR 28-100 PM
ACE S, DATE OF BIRTH AUCASIAN S, DATE OF BIRTH MONTH DAY YEAR 16 12	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
ITIZEN OF WHAT COUNTRY? I. MARRIED INEVER MARRIED WIDOWED A DIVORCED	9 BALTIMORE CITY <u>OR</u> COUNTY OF DEATH ANNE ARUNDE L MD.
NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RAFTEN CONVALENCENT CENTER	120. USUAL OCCUPATION (TERES WORK FOR MOST OF WORKING LIFE) (TERES WORK FOR MOST OF WORKING LIFE) (TO LIC SCHOOL
R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN G.R.O. THE SVILLE YES NO X	130. STREET ADDRESS 1169 GREAT BAK CT. 2/032
Leatart 15. Mother's Malden N.	MIDDIE A LAST.
FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT RORDATES) 378-38-4078 Alan J	T. Howard # 13
AUSE (o)Courtness	2 Lailus Curuto
DUE TO OF AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	A with maps Tring years
(c)	MINAL DISEASE OR CONDITION GIVEN IN PART 110
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
	YES NO YES NO
216. TIME OF INJURY OCCU HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

PART 2. OTHER SIGNIFICANT CONDITIONS C

90. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				
21g. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED			

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

76. CITIZEN OF

4. RACE CAUCA

INC ME OR OTHER INSTITUTION

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (0)___

211 LOCATION CITY OR TOWN STREET

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

COUNTY

above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE

MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE SIGNED

STATE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

AT WORK 22a.1 certify that (1) (this haspital) attended the

sow the deceased alive a

230. BURIAL, CREMATION, REMOVAL

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

7a. BIRTHPLACE

COUNTRY

14 FATHER'S NAME

ANGELES ID. CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING

(YES, NO OR UNKNOWN)

0

Conditions,

underlying

I STATE OR FOREIGN

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

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couse

18. CAUSE OF DEATH (Enter only one couse per

3. SEX

death

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should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygrene priar to burial, cremation,

MPORTANT: If Item 21 is morked or Item 18 shows

ent, the

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CERTIFICATION

MEDICAL

AT WORK

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physician

offer

by

signed

After this certificate has been

FUNERAL DIRECTOR.

0

236 DATE 12-29-83

OR CREMATORY edav

DEGREE

BP.

etained by the hospital or attending physicion TO HOSPITAL OR ATTENDING PHYSICIAN:

DHMH - 16 50M 4/B2 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and cemshould be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 awith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remavol.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

' '	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	
	CEASED NAME	FIRST		MIDDLE	AST	20 DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
	R	odne	1	B. NON	var 4	/	2-27-83	6º4
3 SE	X	4	PACE	5. DATE C		6 AGE (IN YEARS LAST BI		EAR IF UNDER 74 HR
7 0	m		D	5	-13-19	64	YRS.	
	IRTHPLACE (STATEORE	OREIGN /	U.S.A		D NEVER MARRIED		OR COUNTY OF DEATI	
	ITY OR TOWN OF DEA	TH 1		 WIDOWE HOSPITAL, NURSING HOME 		ANNE AT		D OF BUSINESS O
	NAPOLIS		(IF NOT IN SUC	HEACHITY, GIVE STREET ADDRESS) RUNDEL GENERAL		(TYPE OF WORK FOR MOST O		
USU	AL RESIDENCE (IF NURS		THER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSIONI		L. syncer Annessa	170 0000	11/1/2
	ARYLAND	13b. COUNT A . A		ANNAPOLIS	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 140 Conley	Drive O	1700
14. FA	ATHER'S NAME		NDDLE	LAST	15. MOTHER'S MAIDEN NAM	WE		LAST
	FRANK			HOWARD	Louis	E	BROI	
160 V	WAS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)	16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDR		214
	YES	W.	W.II	213-12-2770	BEVERLY TAYL	OR 140 Con]		
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (o), (b), and (c).)		nesh is	BETW	PROXIMATE INTERVAL TEN ONSET AND DEAT
		IMMEDIATE	CAUSE (o)	-11-00	OF La			
	1/-10							
	1011		DUE 10, O	R AS A CONSEQUENCE OF				
	Conditions, if ony, which (b)							
	gove rise to immediate							
	underlying couse		DUE TO, O	R AS A CONSEQUENCE OF				
			(c)					
7	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN IN PAR	1 Ito
TIO	19a DATE OF OPERA	LION	TIBL COND	ITION FOR WHICH OPERATIO	NI WAS DEDECTIVED	20a AUTOPSY?	1206 IF YES, WERE FIR	UNINGS HEED
CERTIFICATION	176 DATE OF OPERA	NON	198. COND	INCIA FOR WHICH OPERATIO	WAS FERFURMED		IN CERTIFYING CAU	
ERT	21a. ACCIDENT WAS UNE	DERLYING T	21b. TIME C	OF INJURY	21c HOW INJURY OCCURE	YES NO		
	OR CONTRIBUTING			M. MONTH DAY YEAR				
MEDICAL	LIF EITHER, NOTIFY MEDI			M. 19	100,100,1101			
AED	21d. INJURY OCCURE		21e. PLACE (AT HOME, STI	OF INJURY REE1, FACTORY, OFFICE, FARM, E1C.)	21f LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
~	AT WORK AT WO	RK						
	220 L certify that (h)	(this hospite	ol) offended th	n dycogod from	19	10	19	, that (1) (we) le
	sow the deceose	ed olive	12/27	1/6 3/ 10 0	nd that in (my) (our) opinion	death occurred on the d	ate and hour and from	
1	above, (1) (we) (a	sid Mid not	Viger hy body	Bright digith.				
	27% SIGNATURE	1	1//	11	DEGREE	and and	ALC: 100 100 100 100 100 100 100 100 100 10	ATE SIGNED
	11.10	_	Kell	7)	PHYSICIAN L	DIRECTOR THYSA		19/80
	HAM PHYSICIAN'S NA	AME ITYPE OF	PRINTLA		The ADDRESS		/	7
	Ha Thu	- 3	Chara.	7~	51 Frai	n Klin ST	T Anna	140
23a I	BURIAL, CREMATION,	REMOVAL	23b. DATE		EMETERY OR CREMATORY	234 LOCATION	COUNTY	STATE
	BURIAL		1-3-1	984 Md. Vet	erans Cemeter	y Crowns	sville A.A	
24 F	UNERAL DIRECTOR	Ar	nanoli	s, Md. 21401		E REC'D. BY REGISTRAF		
					134.071	E HEC D. DI NEOISINA	TANK DECLIDITARY 2 210	NATURE
W:	414.445			RTUARY, P.A.	JAN	4 1084	John 2.	Calmet

DHMH - 16 50M 4/83 (VRA 15, 4)

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requires that the death certificate be executed within 24 haurs after death. Page 4 may be

d	1-	FOR ZP21 STATE ZP21	061	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO	
ge 3 eath		CEASED NAME FIRST OR PRINT) THEOD	ORE A USusti	HOWARD	DECEMBE	04 4007 747 78/
M	3. SE	M.	A RACE B	5. DATE OF BIRTH DAY OF 10-14	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN. YRS.
7 95		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE A	ROUNTY OF DEATH RUNDEL COUNTY
1	10 CI	GLEN BURNIE	NORTH ARUNDI		120 USUAL OCCUPATION OF WORK FOR MOST	ON 128. KIND OF BUSINESS OR FWORKING FEET INDUSTRY
and	USU, 130. S	AL RESIDENCE, (IF NURSING HOME OF			4 M m	HP CODE AD BO
and 2 sm	14. F.E	THER'S NAME IRST	HOWARD	IS MOTHER'S MAIDE	N'NAME COOLE	realit
Pages 1			MED FORCES? 16b. SOCIAL SE VE WAR OR DATES) 2 19-10	-D990 LOUISE	N. Homard	SAMO AS BE
physicia inpapers smaval.		PART I. DE ATH WAS CAUSE	nly one couse per line for (a), (b), ED BY: ITE CAUSE (a)	bral VASCO	La Acció	PET MET MET AND DEATH
ove carbo		4360 Conditions, if ony, which	DUE TO, OR AS A CONSEC	OUENCE OF TEXTI	09	
by the a asserted by cremat ather tra		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A COMSEC	DUENCE OF		
Then ple Ta buria injury, ar	NO	Ø 1	CONDITIONS CONTRIBUTING TO	T DIABETES M	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
has been prior ene prior aws any	CERTIFICATION	190 DATE OF OPERATION		ICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
s certificate burial-transi Mental Hygi ir Item 18 sh	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
s the buri	MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (A1 HOME, STREET, FACTORY, OFFI	211. LOCATION	CITY OR TO	WN COUNTY STATE
for use or of Health 21 is mor		220 I certify that (I) (this hosp	ital) attended the deceased from D 2 / 2 / 15 bit) view the body after death.	77	82 to 12/2	1967, that (I) (we) last one and hour and from the causes stated
etached te Dept.		The SIGNATURE	A steel was the souly after was in.	DEGREE ATTENDI	AN PRIRECTOR PHYSIC	IAN 🗆
should be deto with the State		GLENN F. RO	OBBINS, M.D.	22e ADDRESS	1404 CRAIN H. BURNIE, MARYL	IGHWAY, SUITE 300
0 de 3	230	URIAL, CREMATION, REMOVAL	The state of the s	34. NAME OF CEMETERY OR CREMAT		A codity MSTATE
16 50M 4/83 A 15, 4)	21 FI	INGRAL DIRECTOR	II ANNA	26215- /XI 2 25	JAN 4 1984	258 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

121061 THE PARTY AND A STANDARD THE CAMPAGE SALES THE PRO-Ad I U.S. A Secretary Notes and Administration of the second seco CLEN TROUTE HORIT MENDEL POSPTENT TOTAL STEEL ST Ed. A.A. Glaveran X 258-E Acres Rd. LLIGHT HOWARD SARAB CAPALL 214-10-0990 LOUISEN HOLAND SAMO AN 1/4 E which who will be a first S. N.D. STATE TOWNS AND THE TOWN STATE TOO GEW F. ROBBINS, N.D. 12-20-15 Code to Water Add E HILLS III JAMA BULLET AND B

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page

etoined by the hospital or offending physician.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

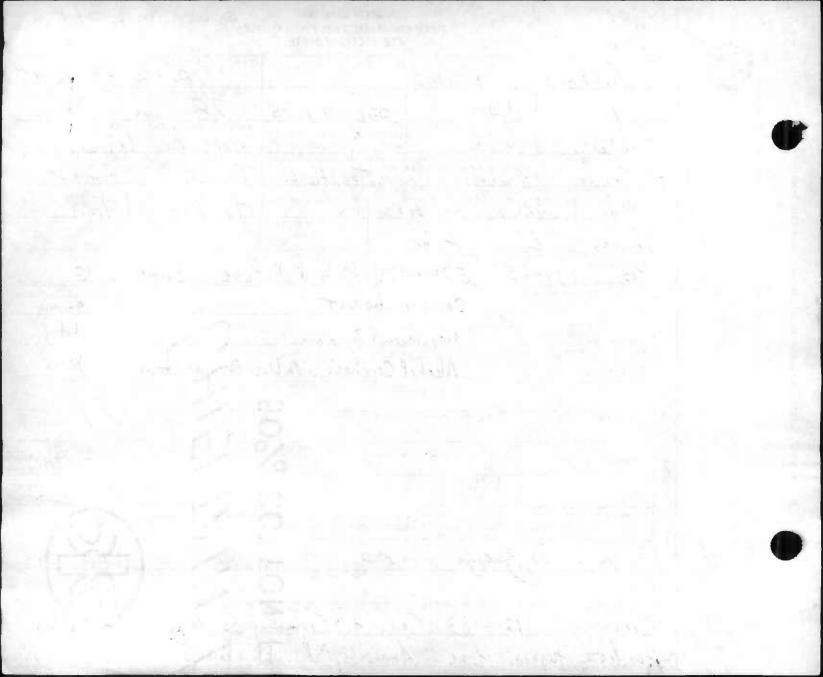
1-	REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO	0.	
	CEASED NAME FIRST ORPRINT) RICHARD	HUME	AST	20. DATE OF DEATH	-2-8:	3 12 54 M
3. SEX	m	CAU 5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	DAYS HOURS MIN.
l'	Jash DC	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWE	D DIVORCED	9. BALTIMORE CITY O	runde	Ca, MD.
7	TY OR TOWN OF GLATH	NAME OF HOSPITAL, NURSING HOME O UP NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	The HOSP.	TYPEOF WORK FOR MOST OF		ND OF BUSINESS OR
13a. S	STATE OF COUNTY	ER INSTITUTION. GIVE REPUBLICE BEFORE ADMISSIONS 132. CHY OR TOWN 132. CHY OR TOWN 133. CHY OR TOWN 134. CHY OR TOWN 135. CHY OR TOWN 136. CHY OR TOWN 136. CHY OR TOWN 137. CHY OR TOWN 138. CHY	YES NO	130, STREET ADDRESS	eyard T	1.4.01
	Thomas Lo	Hume	15. MOTHER'S MAIDEN NAM	WIODIE		LAST
16a. ¥	VAS DECEASED EVER IN U.S. ARMEI VES NO OR UNKNOWN) (IF YES, GIVE W	AR OPERATES)	Richard M.	Hume ADDRE	same as	13
	18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED B IMMEDIATE C	ne couse per line for (0), (b), and (c) Y: Y: Cardiac A	rnest		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	57/2 Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF HEPAPOLENAL	Syndone			Iday
	couse (o), stating the underlying couse lost	107	rhoris with his			yens
TION		NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	/ CT			
CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION		200 AUTOPSY? YES ₩ NO	20b. IF YES, WERE FI IN CERTIFYING CAI YES	USES OF DEATH?
MEDICAL CE	2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 ORPAR	IT 2)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUNT	TY STATE
	220.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not) vi	iew the body ofter death.	nd that in (my) (our) opinion o	, to death accurred on the do		
3	22b. SIGNATURE	Zelige M.J	PHYSICIAN A	MEDICAL STAF	FF _ 2	Dec 1983
	270 PHYSICIAN'S NAME (TYPE		220. ADDRESS		-17	
	Cremation	12.6.83 Cedar	EMBTERY OR CREMATORY Hill Cremator		l PG	Mal:
24 FI	UNERAL DIRECTOR TUDEY	al Home ADDRESS Annua	DE DE	C 1 4 1983	256. REDISTRAR'S SIG	2 Court

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director., should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

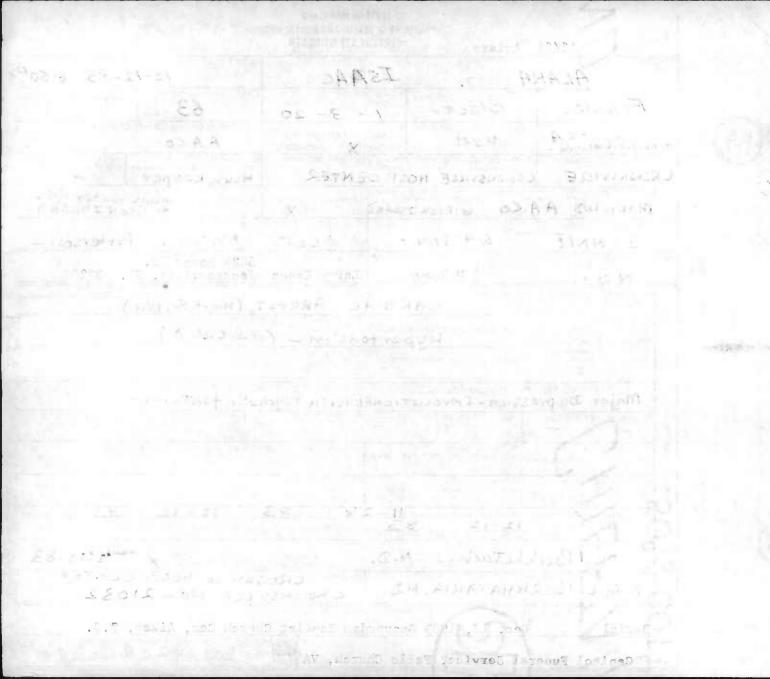
IMPORTANT: if hem 21 is morked or hem 18 shows ony injury, or other troumotic event, the medical

positied of once.



DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARTLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the depth certificate be executed within 24 hours after degree 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the illumentary, page 3 should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other troumatic event, the medical examine may be multiple and the control of
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After it should be detached for use as the with the State Dept. of Health and	IMPORTANT: If them 21 is marked

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	3 SEX	Female.	Black-	5. DATE OF BIRTH MONTH A B YEAR 20	6 AGE (IN YEARS LAST BIRTHDAY)		
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STATE OF MARYLAND

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T.	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO		E	ST
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L	SAR	AH Land	na JENK	INS	DECEMBER	29, 19	U U U U	PM
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Ł	Female	White	White Jan		90	YRS		
7	BIRTHPLACE (STATE OR FORE)	GN 76. CITIZEN OF	WHAT COUNTRY? 8.	RIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DE	ATH	
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1	CITY OR TOWN OF DEATH		OSPITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATIO		KIND OF BUSIN	VESS OR
A	GLEN BURNIE	NORTH	ARUNDEL HOS	PITAL	Homemake		wn Hon	ne
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	22d. PHÝSIČIAN'S NAME	M. D	T 122- ADDRESS	845 OAKWOOD ROBINIE MARYLAN	OAD, SUI	TE 107	STATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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Burial Jan.3.84 Magothy Church Singleton Funeral Home Glen Burnie, Md

Magothy Church Cem. Pasaden A.A. MD

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physicon and completely filled in by the funeral dim-nopolers. Pages 1 and 2 should be filed within 72 hour-manual.

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ARTMENT OF HEALTH AND MENTAL HYGIENE	0	0	- Lafe	
CERTIFICATE OF DEATH	DEC NO			

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1"	- STATE REGISTRAR		CERT	IFICATE OF DEATH	REG. N	10.	770
	CEASED NAME FIR	ST /	AIDDLE	LAST	20. DATE OF DEATH		26 HOOR
1	ALDE	N Cor	nelius Jo	CELYN	DECEMBER 2	24, 1983	9:50 AM
1. St	" Male	4 RACE	MON MON	OF BIRTH 10. 21, 1903	6 AGE (IN YEARS LAST BE	MONIHS DAY	
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13a.		COUNTY A • A •	The CITY OF TOWN GlenBurnie	YES NOX		_{/ZIP CODE} 210 shade Driv	
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	uneral director ingleton Fi	HBUM uneral Ho	ome, Glen Bu	FF 45	TE REC'D. BY REGISTRAF	25h REGISTRAR'S SIGN	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, when this certificate has been agreed by the attending physical should be detached for use or the burish-trainit permit. Then please remove corbanopopers with the State Dept. of Health and Mental Hygiene prior to burish, cremation, or removal.

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death certificate be executed within 24 hours ofter death. Page 4 may be

this certificate has been rated by the attending physician and completely filled in by the funeral director, i The burial-transition of the please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after

TO FLANERAL DIRECTOR, After this certificate has been signed by the attending physics should be detached for use as the burial-trainst permit. Then please remarks corbon-poper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN, The IO

STATE OF MARYLAND

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The state of the s	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STA
20.1 certify that (I) (Has best that saw the deceased alive an	12.20 19 \$3, a	ind that in (my) (apinion de	. 10	ond haur and from the	
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RIAL, CREMATION, REMOVAL 12	3b. DATE 23 NAME OF C	CEMETERY OR CREMATORY	23d LOCATION		
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DHMH - 16 50M 4/82

(VRA 15, 4)

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STATE OF MARYLAND

FOR

DEPARTMENT OF HEASTH AND MENTAL HYCIENE

1.	REGISTRAR			DEI MILL	CERTIF	CATE OF	DEATH	RI	EG. NO.				
	CEASED NAME	FIRST	-	MIDDLE	L	AST		20. DATE OF DEA	HINOM HT	DAY	YEAR	2b. HOU	R
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	now the deceos		oi) ottended in	e deceosed from_				death occurred on	the date and				
	27h SIGNATURE	did (slid not)	view the body	after death.		DEGREE					Z. DATE		
	1.7	2/1/2				DEGINEE	ATTENDING	MEDICAL DIRECTOR F	STAFF PHYSICIAN [1	12/1	3/85	3
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	Howard D	. Gold	stein,	M.D		205 I	Ridgley .	Ave., An	napolis	. Ma	ryla	nd	
23a	BURIAL, CREMATION,		23b. DATE	23c.	NAME OF C		R CREMATORY	23d LOCATIO	N	cou	Altv		STATE
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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the two should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled into with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

MAPORTANT: If Hem 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical examiner must be partitled.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retained by the hospital or attending physician.

(VRA 15, 4)

Funeral Home, Bowie, Maryland 20715

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Shows and	CAL CERTIFICATION] 216. TIME OF INJURY TH HOUR A.M. MONTH DAY	21c. HOW INJURY OCCURI	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH
or Hem 18 shows gay	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA] 216. TIME OF INJURY TH HOUR A.M. MONTH DAY	Y YEAR 19 211 LOCATION	YES NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH 5 NO RET LORPART ?}
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

FOR STATE

STATE OF MARYLAND

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-	REGISTRAR				CEKITI	CATE OF DEAT		REG. N	0.		Late	1
	DECEASED NAME	FIRST LICE TEAT		TINE (MI		KEIL		DECEMBE	MONTH	, 1983	26 HOU 830	IR PIV
		HELEN		TIME (MI								
3. 9	SEX		4. RACE		S. DATE O	DAY Y	EAR	AGE (IN YEARS LAST B	RTHDAY)	MONTHS DATS	HOURS	24 HRS
	Female		White		Jan.	12, 191		71	YRS.			
SH	BIRTHPLACE (STATE COUNTRY) Saryland	OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARR	IED 📙	BALTIMORE CITY ANNE A		L COUNT	Y	٨
54 10.	GLEN BUR	NIE	NORTH	ARUNDEL	HOSPI	R OTHER INSTITUTI	ION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST Housewife	OF WORKING E	12b. KIND (INDUSTRY		
35 130	Md.	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Severn	E ADMISSION) /N	13d. INSIDE CITY LI		3. STREET ADDRESS	inia .	Ave. (2	1144)
2	FATHER'S NAME FIRST John		WIDDIE	Milburg		15 MOTHER'S MAI	IDEN N'AM	E		FA	ST	
	WAS DECEASED EN		MED FORCES?	166. SOCIAL SECU		17. INFORMANT		ADDI	ESS			
160	NO	(IF TES, GIV	L WAR OR DATES!	067-38-	9255	Gorden l	Keil	(same as 1	3e)			
CERTIFICATION	PART 2. OTHER S	immediate toting the puse lost.	DUE TO, OR (c) CONDITIONS CO	R AS A CONSEQUE	ENGE OF DEATH BUT	NOT RELATED TO T	100	NAL DISEASE OR COL	Jet IF YE	VEN IN PART 1	NGS USE	H?
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THE THE TAIL	sow the dec above, if i w 27s SIGNATURE	mosed alive on	yiew the body	other death		M.D. ATTEN	IDING	nath occurred on the	EF CIAN []	22. DATE	SIGNED	
, A Company	I ONG	S. HSU				270 ADDRESS		5 OAKWOOD IE MARYLA			104	
231	BURIAL, CREMATIC		-			EMETERY OR CREM	ATORY	238 LOCATION				
	Burial		12/28/	83 M	ld. Ve	terans Ce	m.	Crownsv.	lle	COUNTY	Md.	TATE
B2	FUNERAL DIRECTO		., Md.	21225	e Hwy		DEC			TRAR'S SIGNA		R

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requires that the death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

	FOR	
-	STATE	

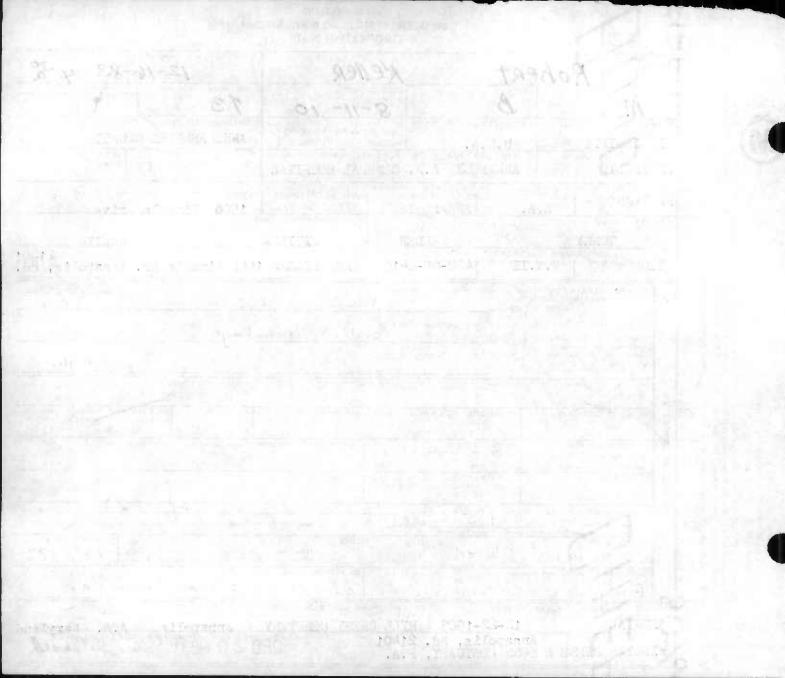
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFICATE OF DEATH	REG. N	0.	
	CEASED NAME FIRS	bert	MIDDLE	Keller	20. DATE OF DEATH	2-16-8-3	26 HOUR
3. SE	× M	4 RACE		S. DATE OF BIRTH MONTH B-11-10	6 AGE (IN YEARS LAST BI	RIHDAY) F UNDER 1 YE. MONTHS DAY	
MI	IRTHPLACE (STATE OR FOREIGH COUNTRY) SSISSIPPI ITY OR TOWN OF DEATH	U.S.	HOSPITAL, NURSING	MARRIED W NEVER MARRIED WIDOWED DIVORCED DIVORCED HOME OR OTHER INSTITUTION	ANNE ARUI		OF BUSINESS
	NAPOLIS			CENERAL HOSPITAL	(TYPE OF WORK FOR MOST O	OF WORKING LIFE] INDUSTR	Y
MAS	ALRESIDENCE (IF NURSING HOSELLAND)	ME OR OTHER INSTITUTION COUNTY A.A.	130. CITY OR TOWN ANNAPOLIS	13d. INSIDE CITY LIMITS?		/ ZIP CODE	214
	TOMMY	MIDDLE	KELLER	R MATTI-DA	WIDDIE	MARTI	
	WAS DECEASED EVER IN U.	S. ARMED FORCES?	166. SOCIAL SECURI 428-09-24				21 polis,
	18 CAUSE OF DEATH (Ent. PART I. DEATH WAS C.	ter only one couse pe AUSED BY: EDIATE CAUSE (a)	r line for (0), (b), and t	Porcui infere	hui	APPR BETWEE	3 Clyn
	Conditions, if only, which		OR AS A CONSEQUEN	ICE OF Cerebral Ferre	whoese.		3 814
	gave rise to immediate cause (a), stating the		R AS A CONSEQUEN	ICE OF	1	734	J. C. C.
	couse (o), stating the underlying couse los	DUE TO, C	OR AS A CONSEQUEN	ICE OF Hyperles ATH BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN IN PART	5 years
IFICATION	couse (o), stating the underlying couse los	DUE TO, COST. (c) ANT CONDITIONS C	ONTRIBUTING TO DE	Hyperlin u	20a AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
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AL CERTIFICAT	PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTHY MEDICAL EXA 21d, INJURY OCCURRED WHILE NOTHY MEDICAL EXA 22a, I certify that (I) (this sow the deceased all above, (I) (weel land) (d) 22b, SIGNATURE	DUE TO, CO. (c) ANT CONDITIONS C 196. COND 196. CON	ONTRIBUTING TO DE OTTION FOR WHICH O OF INJURY M. MONTH DAY M. OF INJURY REEL, FACTORY, OFFICE, FARI Meadeceosed from 19	PERATION WAS PERFORMED YEAR 19 211. LOCATION STREET 19 10, and that in (my) (com) opinion DEGREE ATTENDING PHYSICIAN	20a AUTOPSY? YES NO RED (ENTER NATURE OF INJU	206. IF YES, WERE FINI IN CERTIFYING CAUS YES JRY IN ITEM 18 PART 1 OR PART 2 OWN COUNTY 1920. DA	DINGS USED ES OF DEATH? NO [])
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbanpapers. Page 7 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

I. Di	ECEASED NAME FIRS	7	MIDDLE		LAST	2e. DATE OF DEATH	MONTH	DAY YEAR	2b. H
(14)	PE OF PRINT)	LEN	INEZ	K	ENDALL	DECEMBER	19.	1983	10
3. SI		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	
1	Female	W	hite	04	23 1896	87	YRS	MONTHS BATS	HQU
7a. E	BIRTHPLACE (STATE OF FOREIGF COUNTRY) Maryland		OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O		COUNT	Y
10. 0	CITY OR TOWN OF DEATH GLEN BURNIE	11 NAME		ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife	F WORKING LI	12b. KIND C INDUSTRY	
13a.	Maryland	ME OR OTHER INSTITUTE OUNTY Kent	131. CITY OR TOW ROCK 1	/N	134. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS Rural		2/	66
	Charles Henry		LAST		15. MOTHER'S MAIDEN NAME FIRST HOSANNS	a Reed		[A	\$1
	WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (1F Y	S. ARMED FORC ES, GIVE WAR OR DAT			Melvin M. I	Kendall, Que			
	18. CAUSE OF DEATH IEMPART I. DEATH WAS C. 41.00 Conditions, if ony, which gove rise to immedia cause (o), stating the underlying cause losses.	AUSED BY: EDIATE CAUSE (DUE T th DUE T	100.011	ENCE OF	Rookie He	Paul Pr	Race	De y	ey co
ATION	PART I. DEATH WAS C. HIMM Conditions, if ony, white gove rise to immedia cause (0), stafing the underlying cause lost part 2. OTHER SIGNIFICATION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRA	DUE T	O, OR AS A CONSEQUE O, OR AS A CONSEQUE COLUMN O, OR AS A CONSEQUE COLUMN ENCE OF ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	20b. IF YE	S, WERE FINDI	INGS INGS	
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1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HY	YGIENE S	REG. NO	0 1	Q	0 0
(TYPE		First		Davis	Ke	ast	De	eenler	DAY 23	YEAR 83	2b. HOUR 12_NSOD M
3. SEX	F	4.	B 1	•	5. DATE C		6. AGE	74		THS DAYS	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR COUNTRY)	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9. BALTIA	MORE CITY OR	A	DEATH	MD.
6	aleşville		(IF NOT IN SUC	HOME	CAL	PROTHER INSTITUTION 129 Benning Rud 4 State 2076	(TYPE OF W	AL OCCUPATION VORK FOR MOST OF	WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
13a. S	AL RESIDENCE (IF NUR	13b COUNTY	A 6	131. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	920	ET ADDRESS	R R	vol	21009
14 FA	THER'S NAME FIRST Day	0	DDLE	Thuis		15. MOTHER'S MAIDEN N	chel	MIDDLE	Wes	Jon 1A	ST
	VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARME		214.05-0		Monzell Ka	nt	SAME	_	s 6a-l	2
No	Canditions, if any gove rise to im cause (a), stati- underlying cause	mediate ng the lost.	DUE TO, OI (b) DUE TO, OI (c)	RAS A CONSEQUE RAS A CONSEQUE RAS A CONSEQUE LA NOTE TO D DITTER BUT ING TO D	Artu NCE OF	Discorda	rminal dise	ASE OR COND	ITION GIVEN	IN PART 1	o.
CERTIFICATION	19a DATE OF OPERA			TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AL	J NOX	20b. IF YES, W IN CERTIFYIN YES		
MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DEATH ICAL EXAMINER) RED	P.I	M. MONTH DA M.	19	216. HOW INJURY OCCU	JRRED (ENTER	CITY OR TOW		COUNTY	STATE
<	WHIE NOTW AT WORK NAT WO 220.1 certify that (I' saw the decess above, (I) (we) (22b. SIGNATURE 22d. PHYSICIAN'S N W - TS - T	(this haspetoliced alive on did) (did nat) v	siew the bady	offer death.	<u>k3</u> .00	PHYSICIAN 22e ADDRESS	MEDIC	AL STAFF OR PHYSICI	e and havr on		causes stated SIGNED 23 83
23a. E	BURIAL, CREMATION,		23b DATE	23¢ N	IAME OF C	EMETERY OR CREMATORY	Y 23d LC	CATION CITY OR TOWN Galesvi	C	OUNTY A.A.	Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed win with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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MPORTANT: If Hem 21 is marked or hem 18 sho

ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital ar ottending physician

O HOSPITAL OR

24 FUNERAL DIRECTOR
WILLTAM RI Annapolis, Md Appel 1401 & SONS MORTUARY, P.A. REESE

Galesville Maryland JAN 4 BY REGISTRAR 200 REGISTRAR'S SIGNATURE OF THE SHOWLD SHOWL

STATE OF MARYLAND FOR - STATE

DEP		OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	REG. NO.	
'n	W	KING	20 DATE OF DEATH MONTH DAY YEAR	2

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Ψ		REGISTRAR		CERTIFICATE OF DEAT	REG. NO	D	
o post	1. C	ECEASED NAME FIRST PE OR PRINT)	HELENE M	. KING.	20 DATE OF DEATH	MONTH DAY YEAR	00 15 AM
e 4 m	1 3.5	Female 1.	CAucasian	S. DATE OF BIRTH	YEAR 7 6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER TYEAR MONTHS DAYS YRS	IF UNDER 24 HRS HOURS MIN.
n rial	6	BIRTHPLACE (STATE OR FOREIGN 7b. () COUNTRY) ZNUSYLVANIA	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARK	RIED	RECOUNTY OF DEATH	MD.
by the fo	3	ANNAPOLIS	NAME OF HOSPITAL, NURSING		DEAUTICI	FWORKING IFE INDUSTRY	F BUSINESS OR
n 24 hou		UAL RESIDENCE (IF MURSING HOME OR OTHE STATE 13 COUNTY WWW. A NOUTEO	13 CITY OR TOWN		IMITS? 138 STREET +OURESS /	ZIP CODE Chery	chase, ND 20815
and 2	d	TOHN MIDD	TIMBEOS	SE DOME	ONIE MIDDLE	LAZAT	UO
on or die	2 160	WAS DECEASED EVER IN U.S. ARMED		804Maryf	InnIverson-	Crofton M	orth five. 121114
g physical on paper remaval.		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	Kenny	int ary	is sufficience	APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
death ce offendin nove carb ation, or c		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A ON SEQUE	istalia (Taremopha		
that the d by the lease rental, cremor or other or		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE				
requires sen signe t. Then p or to bur	NOIL	PART 2 OTHER SIGNIFICANT SON	dratin fr	I Sq Cill	Ca mondely	+ Break	Ch_
The law ician. The hos be set permit permit given e prime and the set permit pe	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIGH (YES NO	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES [OF DEATH?
YSICIAN: T fing physici s certificate buriol-transi Mental Hygi	MEDICAL CI			Y YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF INJUI	RY IN HEM 18 PART I ORPART 2)	
DING PHY or offend After this e os the b sith and A	MEG	AT WORK	(AT HOME STREET, FACTORY, OFFICE FA		CHYORTO	1177 01	STATE
ATTEND cospital of the cospita		27a.1 certify tho (1) (this hospital) sow the decease alive on obove (1) (we) (did) (did not) viii 271. SIGNATURE		ond that in my (our	opinion death occurred on the do		
by the ho ERAL DIRE e detoched State Dept		Wilherd.	La Pento	A ATTEN	NDING MEDICAL STAF	F /2/	27/83
TO HOSPITAL or retained by the TO FUNERAL Ishould be deto with the State L	1730	MICHMEC BURIAL, CREMATION, REMOVAL 12	Ji Lake	AME OF CEMETERY OR CREM	13 G (DDINGS	AVE ANNA	POUSMA
BP	1	Durial	ec281983 F	t. Lincoli	2 CITY OF TOWN	od BG	am
DHMH - 16 50M 4/83 (VRA 15, 4)	1	euneral director autor Funeral	Chapel-Ann	apolis MIDE	C 2 9 1983	256 RECKUR COLOR	
	-						



SITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

OR DEPARTM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR	CERTI	FICATE OF DEATH	REG. NO	
1		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
		Haze	1 Kathleen t	Kleeberg	De	c. 3,1983 10:30A
1	3. SEX		4. RACE S. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
4	70. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	ne 15, 1930	9 BALTIMORE CITY OR	YRS. COUNTY OF DEATH
	179	Jary and	USA WIDOW		Anne.	Arundel Me
,	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATIO	N 12b. KIND OF BUSINESS OR
	A	nnapolis	3148 Harness	Creek Rd	Clerk	Office
J. 7500	130.5	TATE 13b. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	YES NO	13. STREET ADDRESS	arness Creek Rd
1	14. FA	THER'S NAME FIRST	MIDDLE	15. MOTHER'S MAIDEN NAM	ME	C1 145 11
4	140 10	VAS DECEASED EVEN IN U.S. AR.	MED FORCES? 166 SOCIAL SECURITY NO.	HaZ.C.	ADDRES	Sheckells
			E WAR OR DATES)	& William	Kleehen	same as
1		18 CAUSE OF DEATH (Enter on	ily one cause per line for (a), (b), and (c).)	a comman	(APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSE	DBY: Carde strain	story Mrst		2
		3352	DUE TO, OR AS A CONSEQUENCE OF	1111	1	
		Conditions, if any, which gove rise to immediate	(16) Myotophu	coneral sc	lew 51)	
		couse (0), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			S
		PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1(0)
	O					
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY	211 LOCATION		
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	N COUNTY STATE
1		22a.l certify that (1) (this hospi	ital) attended the deceased from		, to	, 19, that (I) (we) last
			t) view the body ofter death.		death occurred on the dat	te and hour and from the causes stated
		22b. SIGNATURE	/	DEGREE ATTENDING	MEDICAL STAFI	22c DATE SIGNED
4	30	22d. PHYSICIAN'S DAME (TYPE O	D DDING	PHYSICIAN 2	DIRECTOR PHYSICI	AN [/2/3 / 83
		NICHOLAS (APOZZOLI	25 SHAW ST	: ANUAPO	0415 MD 21401
		URIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24 FU	JULY 10.1	DEC: 11/02 HIL	ICPEST 250. DAT	E REC'D. BY REGISTRAR 2	56. REGISTRAR'S SIGNATURE
-	Ta	NAME FILMOS	al Change Anna	polis MINDER	0 74000	2 .0 C. 37 :
-	10	7.01 001101	W Chara- IIIII	LOLI STILL OF		THE PARTY OF THE P

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retained by the haspital or attending physician.

TO HOSPITAL OF

TO FUNERAL DIRECTOR. After this certrificate has been signed by the attending physicion and completely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at them 18 shows any injury, or ather traumatic event, the medical examiner must be half-field at the

AND RESPUEDABLE Les Francis Land La Maria Les of Effice Migrary The second of th MERCE OF THE PROPERTY OF THE PERCENT OF THE PROPERTY OF THE PARTY OF T William It is a responsible to the control of the control of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be etained by the hospital or ottending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fureral dishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shaws any injury, or ather traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

	NC

FOR STATE REGISTRA	AR		DEPAI		ICATE OF D	MENTAL HYGI		. NO.			~	-
LIDECEASED NA	AME FIRST		MIDDLE		AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOL	JR .
TYPE OR PRINTI	Amelia	a.		Kolo	diej			12	15	83	943	1 A M
1. SEX		RACE		5. DATE C			6. AGE (IN YEARS LAS	(BIRTHDAY)		RIYEAR	IF UNDER	
Fem	ale	Whi	te	MONTH	121	02	81	YR:	MONTHS	DAYS	HOURS	MIN.
7a. BIRTHPLACE	(STATE OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVER A	AABBIED T	9. BALTIMORE CIT	Y OR COUN	TY OF DE	ATH		
COOMINI	Md	U.	S.A.	WIDOWE		ORCED	Ann	e Arui	ndel			MD.
Glen B		(IF NOT IN SU	HOSPITAL, NUR THE FACILITY, GIVE STR THE MANOR	EET ADDRESS)		ITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO Housewif	ST OF WORKING	G LIFE) INC	KIND O DUSTRY OME		
USUAL RESIDEN 130. STATE Md	IZE (IF NURSING HOME OR COUNT	TY	GIVE RESIDENCE BEI	NWC	13d. INSIDE C	ITY LIMITS?	130. STREET ADDRES		reet	21	225	
14. FATHER'S NA FIRS W1		T.	Anderso	n		MAIDEN NAM				LAS1		
	ASED EVER IN U.S. ARM		166 SOCIAL SE		17. INFORMA		AD	DRESS				
(YES, NO OR UN		WAR OR DATES	213-07	-6296	Franc	is C. K	olodiej	Sa	ame a	s 13	е	
underlyin	se to immediate (a), stating the ng cause last. OTHER SIGNIFICANT CO	(c)_	R AS A CONSEC		NOT RELATED	TO THE TERMI	INAL DISEASE OR CO	ONDITION	GIVEN IN	PART 11c		
CERTIFICATION 190 DATE	OF OPERATION	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		YES, WERE			TH?
- OR CONTRI	BUTING CAUSE OF DEAT	H	OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM		PART 2)	NO	
21d. INJUR	RY OCCURRED NOT WHILE		OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATIO STREET	DN	CITYO	RTOWN	co	UNTY		STATE
sow	ify that (1) (this haspite the deceased alive on _ g, (1) (we) (did) (did not	12-7	19		-27 nd that in (my)	. 19 78 (our) opinion o	todeath occurred on the	e date and	, 19 hour and f		that (1) (
27h, 515M	ATURE	0			DEGREE	TTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN	22	c. DATE	SIGNED	
22d. PHYS	Den 1		un/ma	77	22¢. ADDRES	S						
23a. BURIAL, CRI	EMATION, REMOVAL	23b. DATE	2:	E. NAME OF C	EMETERY OR	REMATORY	23d. LOCATION		COUN	ity		STATE
	urial	12-19	-83	Holy Re	osarv (em.	Baltimo		COOK			Md

DHMH - 16 50M 4/82 (VRA 15, 4)

24. FUNERAL DIRECTOR

George J. Gonce 4001 Ritchie Hgwy Balto, Md

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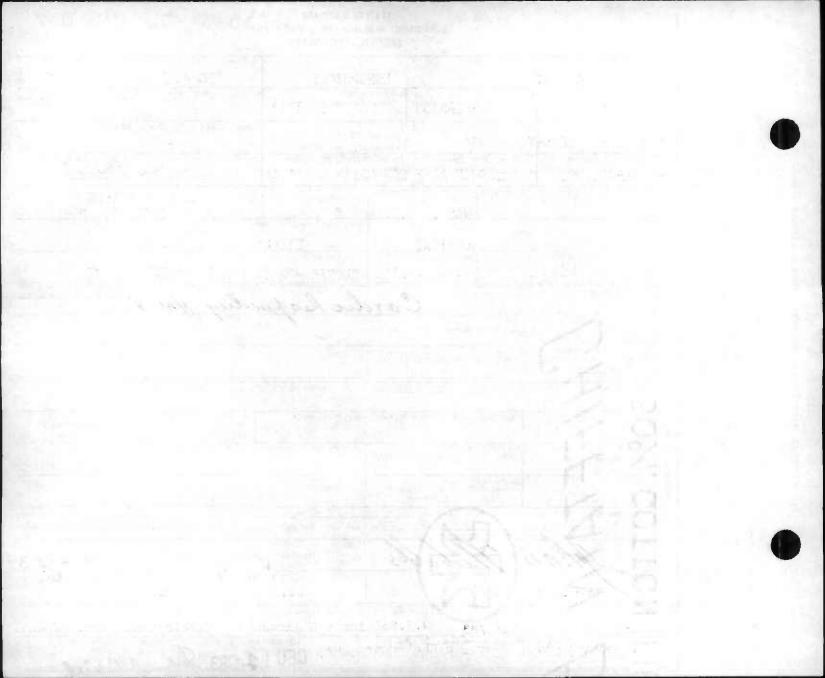
STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG	IENE REG. N	0.	0 /
	I. DECEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		R 2b. HOUR
	ALBER'	T		KON	NOPNICKI	DEC 4.	1983	2255 M
	3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	
	MALE	C	AUCASION	MONT	"SEPT^"9, 1'914	69	YRS.	ATS HOURS MIN.
1	70. BIRTHPLACE ISTATE OF FOREIGN		WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	MD.
1	FT MEADE, MD.	KIMBRO	UGH" ARMY	COMMU	OR OTHER INSTITUTION	USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF LAND	ION 126 KIN	DOF BUSINESS OR
1	130. STATE 130. COU		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		N.W.
l	14. FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST
	LEON 160. WAS DECEASED EVER IN U.S. A		NOPNICKI	DITYNIA	STELL	A	BOSTIKA	
7	(YES, NO OR UNKNOWN) (IF YES G	ve war or datesi - 9-35	520-28-2		GLORIA HARRI		DIERS' HOM	E
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEQUE	NCE OF	cho Respe		nest	ROXWATE INTERVAL EEN ONSET AND DEATH
179	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	190 DATE OF OPERATION 196 CONDITION FOR WHICH O			N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU YES	
1		ATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR			
	GENERAL MOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	AUTE NOT WHILE						STATE
	sow the deserved alive or	sow the deceosed alive on						—, that (I) (we) last the couses stated ATE SIGNED
	John	B 7	Kerbalo	ls	ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN	2/4/83
	JOHN B.	THEOBALD	S		22e. ADDRESS Kimbr Ft. M	ough Army C eade, Maryl		ospital
	230. BURIAL, CREMATION, REMOVAL	. 236. DATE	23 c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE

	Burial	12/8/83	U.S.	Soldier'	S
24	FUNERAL DIRECTOR	marine	hu As	9	
	MAMURPHY FUNER	AL HOME -	FAMES C	HURCH, \	/A.

s & Airmen's Washington, Dist. of Col. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low	retoined by the

mpletely filled in by the funera and 2 shauld be filed within 72

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and to should be detached for use as the burial-transit permit. Then please remove carbonpapers, Pager 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumotic event, the

STATE OF MARYLAND

1-	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND M CERTIFICATE OF DE		EST
	CEASED NAME FIRST OLGA	MARGAR	ET KOPEC	20. DATE OF DEATH DECEMBI	MONTH DAY YEAR 26 HOUR
3. SEX	female	4 RACE White	S. DATE OF BIRTH MONTH DAY 10 5	6. AGE (IN YEARS LAST BE YEAR 6.9	MONTHS DAYS HOURS MIN.
С	RTHPLACE (STATE OR FOREIGN Delawar)	Q 0 8 D 8 2	A. WIDOWED DIV	DRCED ANNE	OR COUNTY OF DEATH ARUNDEL COUNTY ME
1	GLEN BURNIE	"NORTH ARUN	JURSING HOME OR OTHER INSTIT DEL HOSPITAL	OTION 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	
13a. S	Md. 136. COU	NTY 13c. CITY O	adena YES 🗆 🛚	10 € 1270 Roc	
	THER'S NAME Anthony	MIDDLE	ynski Ma	ry R.	Rudolf
	(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN)	IVE WAR OR DATES)	03 0220 Charl		Same as 13F) APPROXIMATE INTERVAL RETURN ONSET AND DEATH
TION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION		<u>G TO DEATH</u> BUT NOT RELATED T	O THE TERMINAL DISEASE OR CON	
CERTIFICATION			VHICH OPERATION WAS PERFOR	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED AT WORK AT WORK	HOUR A.M. MONT	H DAY YEAR 19 21f LOCATION	JRY OCCURRED (ENTER NATURE OF INJU	
	220.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n 226. SIGNATURE		.19, ond that in (my) (c	19, to our) opinion death occurred on the d	
	THE PHYSICIAN'S NAME (179)	Ala.		TENDING MEDICAL STA LYSICIAN DIRECTOR PHYSIC 7845 OAKWOOD EN BURNIE, MARYL	ROAD, SUITE 200
	URIAL CREMATION, REMOVA PPECIFY) burial	12/9/83	234 NAME OF CEMETERY OR CR	CITY OR TOWN	nPk. A.A. Md.
~	NERAL DIRECTOR Orge J. Gono	4001 Rit	chie Hwy.	250. DATE REC'D, BY REGISTRAN	

DHMH - 16 50M 4/83

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burial
M FUNERAL DIRECTOR
George J. Go (VRA 15, 4)

DECEMBE 06, 1985	MARGARET MOPEC	ADIO	
		range of	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME (TYPE OR PRINT)	MIDDLE	(AVD)	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
3	I. SEX FEMALE	RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR S 21 24	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYFAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7			MARRIED NEVER MARRIED NOT	Anne A	
	Annapolis F	NAME OF HOSPITAL, NURSING (IF NOT IN SUCHACILITY, GIVE STREET AD THE HOUSE	General High	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (IF NURSING HOME OR OTI 130. STATE 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE A	TEN YES NO X	13. STREET ADDRESS / ZIP C	000E Road
	A FATHER'S NAME ST DIAM 60 WAS DECEASED EVER IN U.S. ARME	DE LAST LOY CE	15. MOTHER'S MAIDEN N	MIDDLE	Meade
	(YES INGORUMKNOWN) (IF YES, GIVE W		145 Elsie M	. Layden	Same as #13
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E	DEDELOS	ATED VISC	US	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)			
	PART 2. OTHER SIGNIFICANT COL	OF LUNG, M	ATH BUT NOT RELATED TO THE TER F T 1937 7 C 7 PERATION WAS PERFORMED	200 AUTOPSY? 206.	N GIVEN IN PART 110. MAN B B B B B B B B B B B B B B B B B B B
		216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
ı	OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE OF NOT WHITE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	21f LOCATION STREET	CITY OR EOWN	COUNTY STATE
				in death occurred on the date and	hour and from the couses stated
1	220 SIGNATURE 220 PLINSTEFANT SNAME TYPE OR IN	f Ser	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/20/83
	Edward (S. Beck Mil) 1616 Fore	est Drive Ar	inaportis MIS
	Burial	Dec 23, 1583 All	Hallows Church	Cen Birdsville	an and
ł	Taylor tuner	al Chapel-Ar	inapolis, MAC 2	3 1983 John	2 Cohier

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages (Dad 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumotic event, the

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retained by the haspital ar attending physicia

And the About of AM A B all wand in how is entirely the site of the contraction placed the second of the secon

executed within 24 hours ofter death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be etained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Hem 21 is marked actiem 18 shaws any injury, ar other traumatic event, the medical examples of the medical examp

er must be notified of once

STATE OF MARYLAND

1.	FOR	DEPAI	RTMENT OF HEALTH AND MENTAL HY	GIENE		
	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.	
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
(TYPE	(Insu	la W	Lee		12/6	83 /340m
3. SE	(RACE /	5. DATE OF BIRTH	& AGE (IN YEARS LAST BE		ER 1 YEAR IF UNDER 24 HRS
	Famale	(1)h. to	AND SAY YEAR 3	60	YRS.	DAYS HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTR	Y? 8.	9. BALTIMORE CITY C		EATH
C	(OUNTRY)	1100	MARRIED NEVER MARRIED	Q	Ω	1-1-
10 CI	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NUR	WIDOWED	120 USUAL OCCUPAT	ION 12h	KIND OF BUSINESS OR
O		(F NOT IN SUCH FACILITY, GIVESTR		INFE OF WORK FOR MOST		PUSTRY
F	nnapolist	inne Hrund	el General Hospha	Momen	aker	Home
13a. S	AL RESIDENCE LIF NURSING HOME OR OTH TATE 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEI		134 STREET ADDRESS	1.01	21401
1	UD + UB	1, Annas	ONS YES NO	Broadly	eck Kd.	Lot 35
14. FA	THER'S NAME	DDIG	15. MOTHER'S MAIDEN N	AME	,	LAST
K	urt Willhe	Im Hotm	ann Ottilie			
160 V	VAS DECEASED EVER IN U.S. ARME		CURITY NO. 17 INFORMANT	ADDR	ESS Same.	می
(4	(IF YES, GIVE W	AR OR DATES) 219-28.	8011 Paris La	0,0	#13	3
	18 CAUSE OF DEATH (Enter only	ana cousa nar lina for (a) (b)	and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED &	BY: OC ALA	INTERNAL OC	- motanz	wir -	BETWEEN ONDET AND DEADS
	1 CO GIMMEDIATE O		range and			
	1301	DUE TO, OR AS A CONSE	SUENCE OF		100	
	Canditians, if any, which	(b)	DPIJ			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	SUENCE OF A VALOR			
		(c)	1 31 001000			
7	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing t</u>	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN	PART 110
CERTIFICATION					Tank in vinc vince	
CA	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
ַוּ				YES NO	YES 🗌	NO 🗆
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OF	RPART 2)
3	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OR TO	OWN CC	OUNTY STATE
2	AT WORK NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFI	ce, raim, etc.)	7.7		,
	22a.1 certify that (1) (this haspital) attended the deceased fra	m, 19	, to 2	16 19 X	-S, that (I) (we) last
	saw the deceased alive an abave, (1) (we) (did) (did not) v	19 19	and that in (my) (aur) apinia	n death accurred an the d	late and havr and t	from the causes stated
	22b. SIGNATURE	new the bady after death.	DEGREE		2	2c. DATE SIGNED
	11/11	lles	ATTENDING PHYSICIAN	MEDICAL STA	FF CIANIT	12/12/83
	224. PHYSICIAN'S NAME ITYPE OR PI	RINT)	22e. ADDRESS	DIRECTOR PHYSI	CIANU	12/17/0
	DIN TOWN IN	Pl. ICK	15711	PITCHIS	4111	1 ARILLI
	1700000	10000	1,760,	Thursday	1001	1 Milabet
23a. 1	BURIAL, CREMATION, REMOVAL	23b. DATE 2	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	· Nu	TATEM CY
1	Durial	Dec. 201713	Hillcrest	Innapol	15 H	H IIID
24. FI	UNERAL DIRECTOR	1 AL LADORES	s 1 20 8	C 2 1 1983	25H REGISTRAR'S	I will!
10	zylor lunera	1 Chapel-Hi	mapolismu	2 - 1000	70	
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DHMH - 16 50M 4/82 (VRA 15, 4)

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uneral director, page 3 un 72 hours after death O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be shed with the State Dept of Health and Mental Hygiene prior to burial, crematian, or removal. etained by the haspital ar attending physician.

	STA	TE (DF A	MARY	LAND)
EPARTMENT	OF	HE/	ALTI	H AN	D MEN	ITAL

Ú.		REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.			EST
3		CEASED NAME	FIRST	1	MIDDLE	1	AST	20.	DATE OF DEATH MONTH	DAY	YEAR	26 HOUR A
	(TYPE	OR PRINT)	STANL	777	т	TEO	NARD, Sr.		DECEMBER	23.]	1983	10:10 M
	3. SEX			4 RACE	V.	5. DATE C	10 46.300	6 /	AGE (IN YEARS LAST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
		Male		Whi	te	MONTH	v. 22, 1900		83 _v	RS.	DAYS	HOURS MIN.
		RTHPLACE (STATE OR FO		b. CITIZEN OF	WHAT COUNT	TRY? 8 MARRIEI	NEVER MARRIED	9 E	BALTIMORE CITY OR COL	JNTY OF I	DEATH	
Z	1	New Ye		USA		WIDOWE	D DIVORCED		ANNE ARUNDE			MD.
11	10 CI	TY OR TOWN OF DEA	TH		HEACILITY, GIVE S		R OTHER INSTITUTION	120 (T	LUSUAL OCCUPATION YPE OF WORK FOR MOST OF WORK		ZB. KIND O NDUSTRY	F BUSINESS OR
	495 I I 4	GLEN BURN				IDEL HOS	PITAL		Pipe Fitte	2/2		
5	130 S		13b. COUN		Pasade	TOWN	138 INSIDE CITY LIMITS YES NO A	S? 13e	STREET ADDRESS / ZIP C	code Le Rd	0	21122 Idena Md.
5.	14. FA	THER'S NAME		AIDOLE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		m IAS	T.
		George	_		Leor	rand	Sara	th			Stone	
		VAS DECEASED EVER			166 SOCIALS	SECURITY NO.	17 INFORMANT		ADDRESS			
	(A	(ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	217-12	2-8371	Mrs. Ella M	1.Leo	onard, Same a	is abo	ve_	
		18 CAUSE OF DEATH	(Enter onl	y one cause per	Timber int, th	ond terr		1396			BETWEEN C	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W.		E CAUSE (a)	The	nous	2 premens	no	nea			
		1539	>		R AS/A CONS	FOLIENCE OF	metas	to	the Ca.	,		
		Conditions, if ony,	which	(16)	Tille	up CAM	ani kom		of the Ca	lin	,	
	1	gave rise to imm cause (a), stating	nediote	10,	R AS A CONS	Airicror		^	00			
	10	underlying couse	lost.	DUE 10, 0	MIL	ente	un of 1	(4)	luna	666		
		PART 2 OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	TERMINA	AL DISEASE OR COMPITION	N GIVEN II	N PART 1	0
	NO	ASA	1D	: 0	RD 1	OV &	1					
5	ATI	19a DATE OF OPERAT	ION-	19h COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED			IF YES, WE		
	CERTIFICATION	/	VIA	2		-		7	YES TO NOTO	YES T) CAUSES	OF DEATH?
T	ER	210. ACCIDENT WAS UND	EKLYING	21b. TIME C		0.00	21c. HOW INJURY OF		(ENTER NATURE OF INJURY IN ITE	M 18 PART I	OR PART 2)	
		OR CONTRIBUTING		111		DAY YEAR	1//	14				
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e PLACE	M. OF INITIRY	19	21f. LOCATION	/				
	ME	WHILE NOT WH			REET, FACTORY, OF	FICE, FARM ETC)	STREET		CITY OR TOWN		COUNTY	STATE
		AT WORK AT WOR	₹К			Mor		03	Media	7	83	
		27a I certify that (I) sow the decease above, (I) (we) (d	ed olive on.	Vec.	23	1	nd that in (my) (our) opin	nion deo	th occurred on the date and	d hour one		that (1) (we) lost causes stated
	157	226 SAS NATURE		- 0	1 /	7	DEGREE			1111	22c. DATE	SIGNED
		Oly	ans	mU.	all 42	myrua	NAS. ATTENDING	NG DE	MEDICAL STAFF DIRECTOR PHYSICIAN		10	2/23/8
1		201 PHYSICIAN'SAVA	ME (TYPE O	R PRINT)			22e ADDRESS 325	HOS	SPITAL DRIVE,	#10	8	7.00
		BENJAMIN	A. d	eGUZMAN	, M.D.				IRNIE, MARYLA			
		BURIAL, CREMATION,	REMOVAL	23b. DATE	0	23c NAME OF C	EMETERY OR CREMATO		236. LOCATION	20	VINIV	STATE
		(SPECIFY) Burio	71	Dec.27	, 1983	Baltimo	re (emetery	1	Baltimore.	1	Marul	land
	24 FL	UNERAL DIRECTOR				. 1		DATER	EC'D. BY REGISTRAR 256. RI	EGISTRAR'	SSIGNAT	URE
	Ma	culty Fune	ral H	ome, Mt.	& lick	reck Rds	Pasadena,	DEC	271983	ban	21	Caniela

DHMH - 16 50M 4/83 (VRA 15, 4)

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IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumotic event, the medico

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

0	/	FOR			DEPART		E OF MARYLAND TEALTH AND MENTA	L HYGIE	NE 8 3	3	0	1 3
1		REGISTRAR HELEN	Mo	iry L		CERTIF	FICATE OF DEATH	I	REG. NO.			EST
12	TYPE	OR PRINT!	TAT	7	ARY	LEVAY	LAS!	1		ח רי	DAY YEAR	26 HOUR
12	3. SE)			RACE	TATELY I	5. DATE O	OF RIRTH	6	DECEMBER AGE (IN YEARS LAST BIRTHE	40,	1983	0819 A
100		male		White	9	Sep	H DAY YEAR	AR	66	7	MONTHS DAYS	HOURS MIN.
15	7a. B1	RTHPLACE (STATE OR FOREIGN	7b		WHAT COUNTRY	2 8	,,,	- 0	BALTIMORE CITY OR	COUNTY	OF DEATH	
2		ryland		U.S.A	١.	WIDOW	D NEVER MARRIED		ANNE ARE			Y M
4		GLEN BURNLE	11	. NAME OF		NG HOME	OR OTHER INSTITUTION	N II	20. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V OUSEWIFE			F BUSINESS OF
5	13a S	d. A	OUNTY		13c. CITY OR TOV	WN	134 INSIDE CITY LIMI YES NO [2		3. STREET ADDRESS / Z 187 Lake Ro		21122)	5/4
5	14. FA	THER'S NAME	MIDI	DLE	LAST		15. MOTHER'S MAIDE	EN NAME	WIDDLE		IAS	ı
(0		ohn			Akonom		Stephani	ie			entowsk	
/	16a W	VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YE		D FORCES?	166 SOCIAL SEC 212-10-		Mary Herb	bert	ADDRESS 8545 Summit		(2112)	2)
	NOI	18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAUSE IN IMME Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	USED B DIATE C	DUE TO, O	R AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER	JENCE OF JENCE OF JENCE OF	enote 1	Hey Hey E TERMIN	AREST MENETUR NE LA ESCONDI AL DISEASE OR CONDI	DO TION GIV	Imn Im,	nad
9	CERTIFICATION	19a DATE OF OPERATION				OPERATIO	N WAS PERFORMED		YES NO	N CERTIF YE:	, WERE FINDIN YING CAUSES S	GS USED OF DEATH? NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	FDEATH		OF INJURY .M. MONTH D .M.	PAY YEAR	21c. HOW INJURY OF	CCURRED	O (ENTER NATURE OF INJURY)	NITEM 18 P.	ART I OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE,	FARM ETC)	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
		22a I certify that (I) (this h saw the deceased alive above, (I) (we) (did) (di	on	Dec	25 10	83.0	nd that in (my) (our) op	pinion dec	to DOC on the date	ond hour		that (I) (we) los couses stated
		22b. SIGNATURE	8	10			DEGREE ATTENDI PHYSICI.		MEDICAL STAFF DIRECTOR PHYSICIA	и□	JU/2	SIGNED
		DR. TRA KA					22e ADDRESS		OAKWOOD RO		61	1
	B	URIAL, CREMATION, REMO		12/29	/83		emetery or cremat Redeemer Ce	em.	23d LOCATION CITY OF TOWN Balto		COUNTY	STATE Md.
		eorge J. Gon			21225 001 Ritch	hie Hw		DE	REC'D. BY REGISTRAR 25	RECIST	RAR'S SIGNAT	URE

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(\$2.215) . bu d	Land Lines	randizent cast			On.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

1721 NORTH MONROE ST.

PHILLIPS

FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

EST

1. DECEASED NAME (TYPE OR PRINT) WILLIAM 3. SEX MALE MALE BLACK 76. BIRTHPLACE (STATE OR FOREIGN TO LITIZEN OF WHAT COUNT US 10. CITY OR TOWN OF DEATH GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BIT 136. COUNTY) WARYLAND 18. COUNTY SEVER	MARRIED AKNEVER A WIDOWED DI RSING HOME OR OTHER INST	YEAR 23 60 9. BALTIMORE ANTITUTION 120. USUAL OC	RS LAST BIRTHDAY) YRS ECITY OR COUNTY NE ARUNDEL		455 PM IF UNDER 24 HRS HOURS MIN.
3. SEX MALE BLACK 70. BIRTHPLACE (STATE OR FOREIGN TO COUNT TEXAS 10. CITY OR TOWN OF DEATH GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BIRNE)	S. DATE OF BIRTH MONTH DAY 5 14 RY? 8. MARRIED XNEVER A WIDOWED DIV RSING HOME OR OTHER INST BLANCE AND	YEAR 23 60 9. BALTIMORE ANTITUTION 120. USUAL OC	YRS LAST BIRTHDAY) YRS CITY OR COUNTY NE ARUNDEL	FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
MALE 70. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNT TEXAS 10. CITY OR TOWN OF DEATH GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BIRNE)	MONTH 5 14 RY? 8. MARRIED X NEVER A WIDOWED DN RSING HOME OR OTHER INST	YEAR 23 60 AARRIED 9. BALTIMORE AND STREET 126. USUAL OCITION	YRS CITY OR COUNTY NE ARUNDEL	OF DEATH	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN TEXAS US 10. CITY OR TOWN OF DEATH GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BY	RY? 8. MARRIED XXNEVER A WIDOWED DIVERSING HOME OR OTHER INST	23 60 AARRIED 9. BALTIMORE ANT	YRS ECITY OR COUNTY NE ARUNDEL	OF DEATH	
TEXAS 10. CITY OR TOWN OF DEATH GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BY	MARRIED AKNEVER A WIDOWED DI RSING HOME OR OTHER INST	VORCED 120 USUAL OC	NE ARUNDEL		
GLEN BURNIE NORTH AROND	EL HOSPITAL	TITUTION 120 USUAL OC		COUNT	Y
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BY 130. STATE 131. COUNTY STUFY STUFY STUFY STUFY		V.A.	CUPATION OF MOST OF WORKING LIFE	12b. KIND O INDUSTRY	OF BUSINESS OR
THE TOTAL COUNTY CONTRACTOR	N 138. INSIDE C	747	BROL COURT	211	44
WILLIAM MIDDY. LEWI.	S SR. OCT	AVIA		IKNOWN LAS	ST
160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) VFS 460 ≈ 20	ANNIE		ADDRESS OROL COURT		144
18 CAUSE OF DEATH (Enter only one cause per the for (a), (b) PART I. DEATH WAS CAUSED BY:	Phlanda Carde	vascular Pixa	ase.	BETWEEN	MATE INTERVAL ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	outlice of le little - severe Vi	Leukereye Kidne	y organ dam	25/	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE O	OR CONDITION GIVE	EN IN PART 14	a ·
190. DATE OF OPERATION 19b. CONDITION FOR WH	ICH OPERATION WAS PERFO		IN CERTIF	, WERE FINDIN YING CAUSES	
TO SOLUTION TO SOLUTION TO HOUR A.M. MONTH		JURY OCCURRED (ENTER NATU	RE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK AT WORK AT WORK OR AT WORK AT WORK	ICE, FARM, ETC.) 211. LOCATIC STREET		CITY OR TOWN	COUNTY	STATE
22a.1 certify that (1) (this nospiral) attended the deceased from saw the deceased alive an		touc apinian death accurred in	an the date and hour		that (I) (%) last causes stated
Ellet Solvaty	N)	ATTENDING MEDICAL PHYSICIAN DIRECTOR		1/03	2 83
ELLIOTT GORBATY, M.D.	220 ADDRES	5 7845 OAKW LEN BURNIE, MA		061	1
	31. NAME OF CEMETERY OR	CREMATORY 23d LOCATI	NSVILLE	COUMARY	

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbanpapers, Fager, I and 2 should be detached for use as the burial-transit permit. Then please remove carbanpapers, and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at Item 18 shaws any injury, at ather traumatic event, th

in 77 haurs offer death TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

and cor

should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or remaval. TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician

MPORTANT: If them 21 is morked or Item 18 shows only

injury, or other troumotic event, th

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF	DEATH MONTH DAY YEAR 26 HOUR
Frederick William Maennle 21 No	v. 1983 3:25 ^A M
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YE	ARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Male White Jan. 1.1891	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN TA CITIZEN OF WHAT COUNTRY? 8. 9 BALTIMOR	1110
	ne Amindel
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Brooklyn, N.Y. USA WIDDWORD DIVORCED DIVORC	
Glen Burnie North Arundel Hospital Persona	
	poress 20102 colonial Ridge Lane
14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME	
Wendelin Maennle Caroline Chri	St
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
WWI & WWII (FYES, GIVE WAR OR DATES) 050 07 6038 Frances M. Kennedy	-daughter Same as # 13
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	
190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOF YES	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH TOUR A.M. MOTHER DAT TEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
ANITE NOT WHITE	CITY OR TOWN COUNTY STATE
220.1 certify that (1) (this hospital) attended the deceased from 20, 26, 1985, to	on the date and hour and from the causes stated
DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR [STAFF PHYSICIAN [] 11-21-1983
22d PHYSICIAN S NAME (1991) (1991)	THISICIAN
Recep Erol, M.D., P.A. 325 Hospital Dr	#104 Glen Burnie,MI
Recep Erol, M.D. P.A. 325 Hospital Dr 230. BURIAL, CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY 230. LOCAL CHAPTER CONTROL CHAPTER CONTROL CHAPTER CONTROL CHAPTER	#104 Glen Burnie,MJ

BP.

retained by the hospital ar attending physician.

DHMH-16 30M 2/80 (VRA 15, 4)

Lee Funeral Home 300-4th St. N.E. Wash.D.C. 2000

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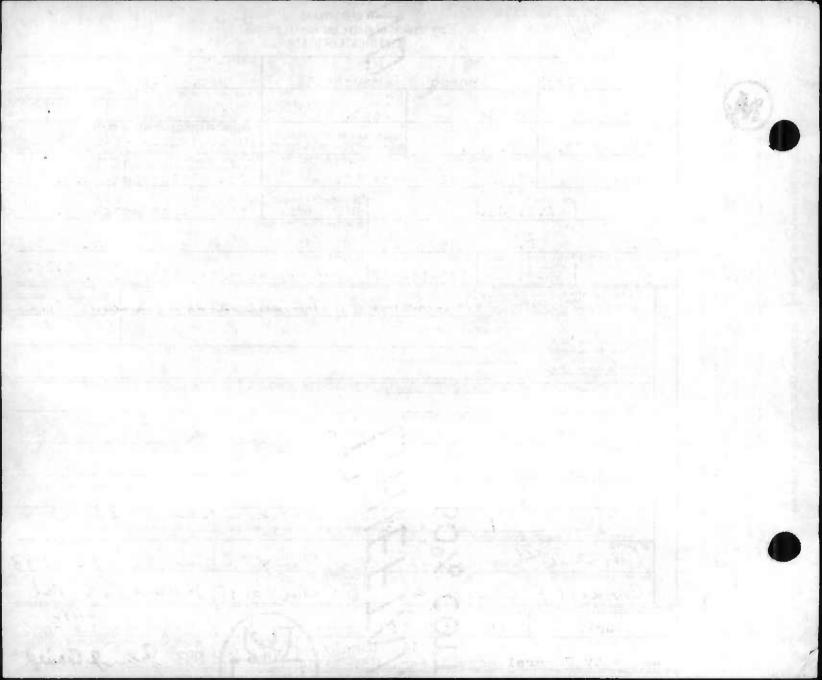
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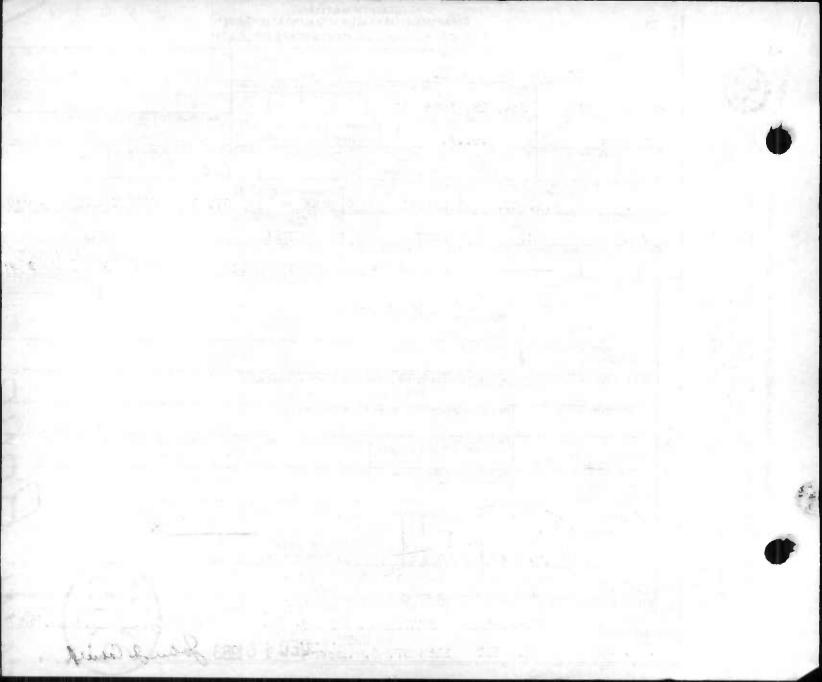
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed — thin 24 hours after detectioned by the hospital or attending physician.
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		١,		m #25 5/84 ji	Film #		MENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE 3	3 1	0 1	0
	100	' '	REGISTRAR				CERTIF	ICATE OF DEATH	REC	, NO.		
-6			EASED NAME	FIRST	7	MIDDLE	ı	AST	20. DATE OF DEAT	MONTH DAY	YEAR 2b. H	IOUR
B		,,		Jack		Beason	M	arshall	Dec.	18,1983		5:0
17		3. SEX		4	RACE		5. DATE C		6. AGE IN YEARS LAS	T BIRTHDAY) IF UNE	DER I YEAR IF UN	RS /
医			ale		white		Se	pt. 29,1922		YRS		*
12	875	7a BI	RTHPLACE (STATE OR OUNTRY)	FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D WEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY OF D	EATH	
hin 7	5/0		unkers I		U.S.		WIDOWE			Arundel		
23	\$100		TY OR TOWN OF DE	ATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCU!	OST OF WORKING LIFE! IN	b. KIND OF BUS IDUSTRY	
44	00		eale			Deale B		Rd.	Postal	Servide	U.S.	. G
D 20	弘		L RESIDENCE IF NUR					134. INSIDE CITY LIMITS?	130 STREET ADDRE		10101	
The state of	1		d.	A . I	A. Co.	Deale		YES NO X		eale Bea	ch Rd.	0
4 2 4	\$11V		THER'S NAME FIRST		DDLE	LAST		15. MOTHER'S MAIDEN N	MIDD	£	LAST	
0.0	800		ohn		?.	Marsh 166 SOCIAL SECT		Ada 17 INFORMANT	AF	DRESS	Beasor	1
puc	J dic		AS DECEASED EVER	(IF YES GIVE	WAR OR DATES)					5933 De	ale B.	. Rd
1 B	E /		yes	43-5)	178-12	-331	Gertrude	Marshall	Deale,	APPROXIMATE IN	
signed b hen pleas to buriol,	jury, or o	Z	PART 2 OTHER SIG		ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIVEN IN	PART Trail	
nit T	77	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI		
peri peri	S C	FIE	Teb 19	83	ORI	AL CON	CIN	oma	YES NO	- 4	CAUSES OF DI	D
cote	8 2 ×	CER	21a. ACCIDENT WAS UN		21b. TIME O	FINJURY M. MONTH D	AV VEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18 PART 1 C	PART 2)	170
iol-tr	E	CAL	OR CONTRIBUTING			M. MONTH D	19					
this c	0	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY	FARM ETC.)	211. LOCATION STREET	CITY	DR TOWN C	OUNTY	STAT
fter 1 os th	orked	>	AT WORK NOT W	ORK ORK								
R. A	E SH		22a.1 certify tho				83°	19-8	2. 10 V) t	. 19	, that	
CTO d for	n 21		sow the decease abave(([])we)(ed olive on_ did) (did nat)	view the bady	alter death.	-	nd that in (my) (our) opinio	n death occurred on th			
DIRE	He He		226. SIGNATURE	0.6	7			M D. ATTENDING.	MEDICAL	STAFF	22c DATE SIGN	IED I O
RAL	ž-		22d. PHYSICIAN'S N	AWE WITH	Coni	rue)		220 ADDRESS	DIRECTOR PH	YSICIAN [12-1	17-
FUNE ould be	PORTA		CHARL			verse		5 Cedar	Point, S	EVERNA /	Park 1	Mck
10 FUNERAL DIRECTOR. After this certificote has been signed by the attending physical physica	₹		URIAL, CREMATION	REMOVAL	23b. DATE	23с.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	N COL	11/1 VINI	6 STAT
	-		Buria	11	12/2	1/83	Mt Le	ebanon Cem.	Tarrs W	estmorela	and Par	
16 50M 4	/82		INERAL DIRECTOR			ADDRESS 1	2 Ri	dgely Ave	ATE REC'D. BY REGIST	RAR 25b. REGISTRAR'S	SIGNATURE	•
			lardesty	~				d. 21401				4



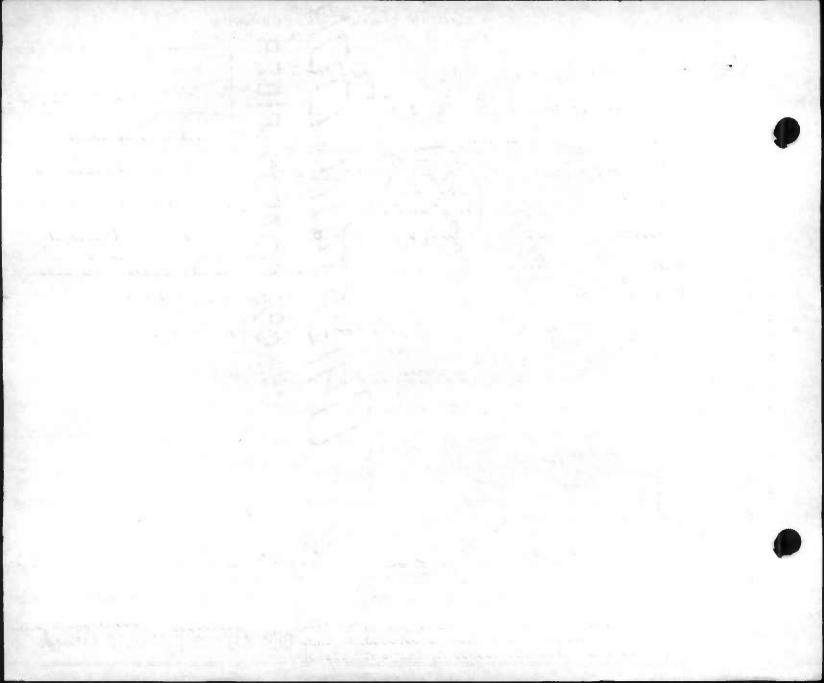
20M 4/82



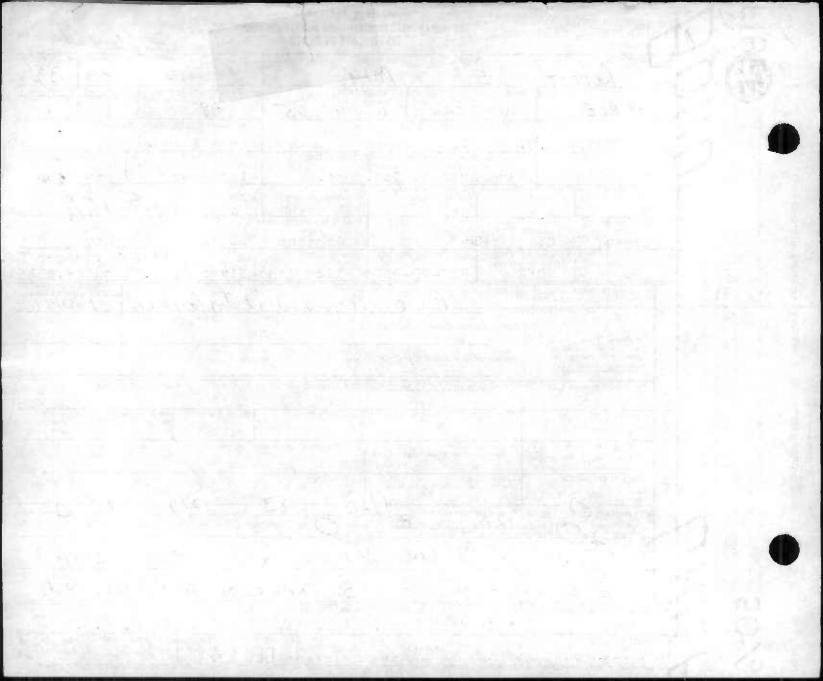
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

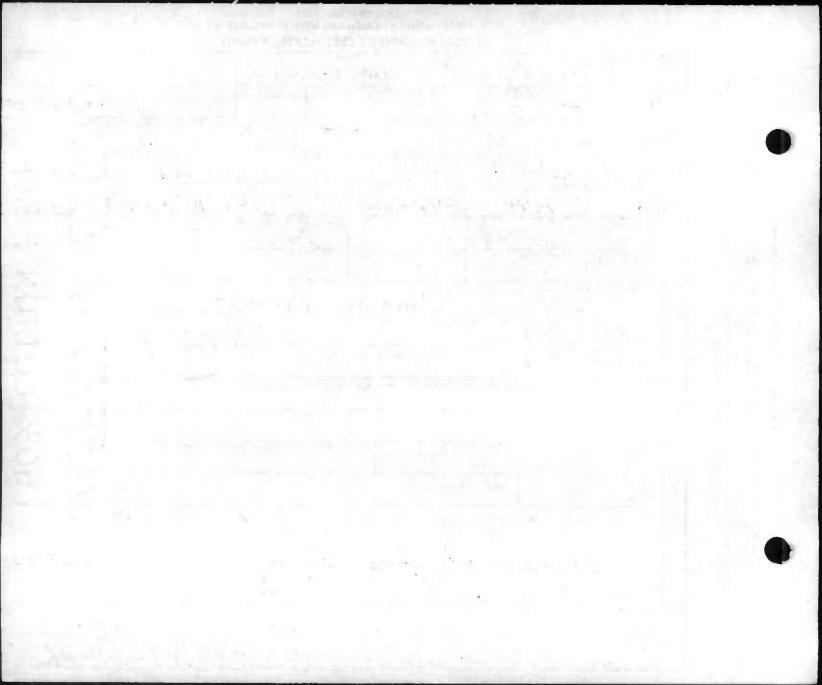
		FOR	DEPARTME	NT OF HEALT	H AND MENTAL HYGIE	NE W	1010
V		REGISTRAR	MEDICAL EX	AMINER'S	CERTIFICATE OF DE	ATH REG NO).
H		CEASED NAME FIRST	MIDDLE		LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26. HOUR
8	(IIIre	Mildre	d Vi	n	1 Ather	OF ESTI-	19 M
	3. SEX			AGE (IN YEARS IF U			MONTH DAY YEAR 2d HOUR
- 1		temale/AU	MONTH DAY YEAR	AST BIRTHDAY) MON	THS DAYS HOURS MIN	PRONOUNCED DEAD	12 29 83 0646
20			. CITIZEN OF WHAT COUNTRY	2 1		9. BALTIMORE CITY O	
4	Mo	reign country)	U.S.A.		RIED NEVER MARRIED WED TO DIVORCED	Anne Arur	idel County
1			1. NAME OF HOSPITAL, NURSIN			SUAL OCCUPATION (TYPE	OF WORK 12h KIND OF BUSINESS
1	1.	INNADOlis/	(IF NOT IN SUCH FACILITY, GIVE STREET	HVUN	2 1 FO	OR MOST OF WOMING LIFE)	OR INDUSTRY.
\leq	USUA	L RESIDENCE (IF IN NURSING HOME OR C	THER INSTITUTION, GIVE RESIDENCE BEFO		act ord	RETIV	221 1101000 1100
2	13a. ST		13 GITY OR		13d. INSIDE CITY LIMITS? 13e. S	TREET ADDRESS	Dans 2/2/8
4	/		gre Fike	source		37 Old Court	Rada FIFTO
20			MIDDLE LAST	7	15. MOTHER'S MAIDEN NAM	MIDDLE	LAST
14	_		U	5	Cora	Mae	(unknown)
1	YE	AS DECEASED EVER IN U.S. ARME 5, NO, OR UNKNOWN) { IF YES, GIVE WA	R OR DATES)	SECURITY NO.	17 INFORMANT Mrs.	Jean ADDRESS	Phipps
4	no		214-2	0-5389	462 Cedar Ha	ven Road Arn	old, Md. 21012
		18. CAUSE OF DEATH (Enter only of	one couse per line for (o), (b), or	id/OID		- (1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUSED B		ICESA	DIVATORY	TAILUY	e
		2769	DUE TO, OR AS A CONSE		1 1	- , ,	
- 1		Conditions, if any, which gove rise to immediate	(b) Z	1ect	robute 1	TAILUN mbalan	c 1
		cause (a) stating the under-	DUE TO, OR AS A CONSEC	QUENCE OF			
		lying couse last.	(c)				
		PART 2 OTHER SIGNIFICANT CONDITIONS COR	TRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 (a).		
	20						-4-1-
	ATI	190. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION \	VAS PERFORMED?		20. AUTOPSY?
11	FIC						YES NO NO
7	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c. F	OW INJURY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18 P	
51		UNDERLYING OR	HOUR A.M. MONTH DA				45
	MEDICAL	21d INJURY OCCURRED		19 AT HOME, 211. LC	CATION		
j	ME	WHILE NOT WHILE D	STREET, FACTORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK					
		220. I certify that I took charge o	of the remains described above,	held an Auta	psy 🔲 , Inspection 🕍 ,	Inquiry L, and	d in my opinion
		deoth resulted fram: Natural	caures Accident	, Suicide	, Hamicide Und	etermined monner,	
		1111	100		TITLE (SPECIFY)	part of the second	
4		ACTUAL SIGNATURE	ant	-	A.D. DeputyME	DICAL EXAMINER	SIGNED / 2 - 29-53
7	/	EXAMINER'S NAME			, 0		
1		(TYPE OR PRINT)			ADDRESS		
	230.BL	JRIAL, CREMATION, REMOVAL 23b.	DATE 23c. NAA	AE OF CEMETERY	OR CREMATORY 23d.	LOCATION TY OR TOWN	COUNTY STATE
		Burial 1	2-31-83 Druic	d Ridge	Cemetery Pi	kesville Bo	altimore Maryland
	24. FL	NAME - IN THE COME LOTTING	Ruppe Finanal 1	ningatano	Tag 250 PRTERECTO.	PKRECHERAR 256 KEGI	STRAR'S GOW URE
	872	28 Liberty Road	Randallstown, 1	Maryland	21133	0 1000	



1 3 1	FOR - STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE S	21610
	REGISTRAR ECEASED NAME FIRST	MIDDLE	LAST AM	REG. NO.	9 83 3 5 3 M
3 SI	MALE	1 RACE WHITE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	
211	COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
5/	Annapolis	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) Gen. Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Attorney	126 KIND OF BUSINESS OR
13a 14 F	STATE 136 COUN Md ATHER'S NAME FERST Thomas O. WAS DECEASED EVER IN U.S. AR.	May MED FORCES? 16b SOCIAL SECU	IS. MOTHER'S MAIDEN NA Johanna IRITY NO. 17 INFORMANT	Lyons ADDRESS	
injury, or other traumotic event, th	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	He Myocardo	al Infanct	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO A ON GIVEN IN PART 1(0)
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 201 IN	b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
MEDICAL CERTIF	710. ACCIDENT WAS UNDERLYING EOR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	AY YEAR 19 216, HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART T OR PART 2)
MED	21d INJURY OCCURRED WHITE NOT WHITE 220.1 certify the 11 this hospi	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
Hage Hage Hage Hage Hage Hage Hage Hage	276. SIGNATE EUSES	W Colum	DEGREE ATTENDING PHYSICIAN	deoth occurred on the date of MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 12/9/8-3
WBORTA!		COLE III	51 FRAN		JAPOUS Md.
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		ash.Nat,1.Cem.	23d LOCATION CITY OR TOWN Suitland	
1/83	FUNERAL DIRECTOR NAME ardesty Funer	al Home Annap		EC 1 4 1983	REGISTRAR'S SIGNATURE



STATE OF MARYLAND



executed within 24 haurs ofter death

By				1 - STAT
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	may	p 4	1	3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTII	0.			
	1. DECEASED NAME FIRST CONS	TANCE E. BISER /	MILLER	20. DATE OF DEATH	2 28 8.3	6 PM
	FEMALE	WHITE MY	OF BIRTH 9 1906	6. AGE (IN YEARS LAST BIR	THDAY] IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
)	70. BIRTHPLACE (STATE OFFOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOW!	D NEVER MARRIED DIVORCED	PRACTIMORE CITY OF	EUNDEL	MD.
1	AUNAPOLIS	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPATION OF WORK FOR MOST C	ON 126 KIND OF WORKING LIFE INDICATELY	TOGRASH
)	USUAL RESIDENCE (IF NURSING HOME O		134. INSIDE CITY LIMITS?	309 MELL	IN AVE	21401
1	TRA E	PMODIE BISER	IS. MOTHER'S MAIDEN NAM	. WIDDLE	WALTE	R
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECURITY NO. 1/2 1/4 5/13	BARBARA S	LAYTON	ANUAT. MI	21401
		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF 1c) CONDITIONS CONTRIBUTING TO DEATH BUT	COPP NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1:	0
/	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING CAUSES YES	
	OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED CONTRIBUTION OF ATWORK ATWORK ATWORK 220.1 certify that (1) this hosp	HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY 1AT HOME, SIREET, FACTORY, OFFICE, FARM, ETC.) Sittled ottended the decrosed from 19 30 view the body offer death.	216. HOW INJURY OCCURR 211. LOCATION STREET 19 nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 220. ADDRESS	ED (ENTER NATURE OF INJUI	COUNTY 19 22c. DATE	STATE tho (W) (we) last
	M (CHAE)	J. La PENTA	783 G, DDIN	IS AJ.	Ava roch	is MD
	CREM ASION	12/29/83 GDAR	HILL REM	Sult 2m	10 PG.	KID

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If hem 21 is marked or hem 8 shaws any injury, ar other traumatic event, the medicalex

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be

etained by the hospital or ottending physician

Taylor Sons Anniverses MD

JANO3 1984 TRANS

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Pag	retained by the hospital or attending physician
105	ned
0	retor

TO FUNERAL DIRECTOR: After this certificate has been signed by the ortending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exa

RAR	CERTIFICATE OF DEATH
	DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH
	STATE OF MARYLAND

1 -	STATE REGISTRAR			ICATE OF DEATH	REG. N	0.			
(TYPE	CEASED NAME FIRST		G, M	illER)	20. DATE OF DEATH	MONTH DA	7 - 83	26 HOU	М
3. SE	FEMALE	CAUC	ASIAN S. DATE O	F BIRTH DAY - YEAR - 23 - 15	6. AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER	24 HRS MIN.
	COUNTRY)		WHAT COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY O		F DEATH	71000	
	aryland	USA	WIDOWE HOSPITAL, NURSING HOME O		Anne Aru		12b. KIND O	F BUSINE	MD.
	nnapolis	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS) Arundel Gene		Secretar	OF WORKING LIFE			
USU. 130. S Ma	AL RESIDENCE (IF NURSING HOME OR STATE TYLAND ATHER'S NAME	OTHER INSTITUTION,	OIVE RESIDENCE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	130. STREET ADDRESS 701 Glen		st.2/	140	1
S	amuel Gre	een	Garner	Mary	Virgini		Mayo	ī	
16a V	VAS DECEASED EVER IN U.S. AR. YES NO OR UNKNOWN) [19 YES, GIV	MED FORCES? E WAR OR DATES?	166 SOCIAL SECURITY NO. 214-05-0523	R.Scottie	Miller (s	100000	s 13e)	
ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OI	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF DITRIBUTING TO DEATH BUT TION FOR WHICH OPERATIO		INAL DISEASE OR CON		VERE FINDIN		
TIFIC	THE OF STEAM OF	110 COND	THOUT ON WHICH OF EXAMO	·	YES NO	IN CERTIFY I	NG CAUSES	OF DEAT	H?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DAY YEAR M. 19	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)		
MED	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	210. PLACE (OF INJURY BET, PACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	51	TATE
	220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (wa) (did+(did no 22b. SIGNATUR) 22d. PHYSICIAN'S NAME (TYPE O	11/30 t) view the body	ofter death.	, 19 d that in (my) (***) apinion of DEGREE ATTENDING PHYSICIAN P	, to // 30 death occurred on the do MEDICAL STAL DIRECTOR PHYSIC	FF		SIGNED	,
23a. E	Burial, cremation, removal (SPECIFY) Burial	23b. DATE 12/3/		EMETERY OR CREMATORY Bluff Cem	123d LOCATION CHYORTOWN		COUNTY A A		TATE VI.d.
	eall-Evans Fu	neral	ADDRESS	csc sc.	O 7 too	256. REGISTRA	AR'S SIGNATI	URE	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

	STATEL = 30 - 84 REGISTRAR			CER	TIFICATE O	DEATH		REG. NO.		F
	CEASED NAME FI	RST	MIDDLE		LAST		2a. DATE OI	DEATH MONTH	DAY Y	EAR 2b HO
(MES	WARRING	TON N	MOORE .	Sr.	DEC	EMBER 12.	1983	7:
3. SE)		4. RA	CE		TE OF BIRTH	YEAR	6. AGE (IN)	EARS LAST BIRTHDAY)	MONTHS	DAYS HOURS
M	lale	W	hite		ly 18,	1918	65	YR		
	RTHPLACE (STATE OF FORE	GN 76. CI	TIZEN OF WHAT CO	UNTRY? 8	PIEDX NEVE	R MARRIED	9. BALTIMO	RE CITY OR COU	NTY OF DEA	тн
	ryland		U.S.A.		WED [DIVORCED [E ARUNDE		
	LEN BURNIE	. (NAME OF HOSPITAL, IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)		ISTITUTION	120. USUAL (TYPE OF WOR Sales	OCCUPATION K FOR MOST OF WORKIN SMAN (16	izb. K INDU et)Ma	IND OF BUSING STRY OSC Ver Me
U5UA	AL RESIDENCE (IF NURSING I	COUNTY	A DOO 113 CITY	CE BEFORE ADMISSI	ON)	CITY LIMITS?	13e STREET			
		rund		erna P		NOX		nberly (Court	(2114
	THER'S NAME	MIDDLE		LAST	15. MOTHE	R'S MAIDEN NA	WE	WIDDLE		LAST
	William	K			E	velyn		L.	War	ringto
	VAS DECEASED EVER IN L	J.S. ARMED		AL SECURITY N	D. 17 INFOR	M) THAN	lfe)	ADDRESS		
			II 214.	03.518	8 Mrs.	Jeanne	E . 1	Moore (same	as #13
ATION	part 2 OTHER SIGNIFIC	CANT CONE	if m	NG TO DEATH	BUT NOT RELA		NAL DISEAS	EORCONDITION		ART Ital
CERTIFICATION	7-6-83			anteny	diseas			NO P	RTIFYING CA	USES OF DEA
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE	E OF DEATH	TIB. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YE	21c. HOW	INJURY OCCURI	RED (ENTER NA	LTURE OF INJURY IN ITEM	IB PART I OR PA	ART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		TIE PLACE OF INJURY (AT HOME, STREET, FACTORY		21f. LOCA	TIÓN		CITY OR TOWN	COUN	VIY
			ttended the deceased			ny) (our) opinion	ta death occurre	d on the date and	hour and fro	
	226. SIGNATUSE 226. PHYSICIAN S NAME		respection	2 12	DEGREE			STAFF PHYSICIAN DOD ROAD	1	MITE SIGNED
	JOSE PRE	SBITER	O, M.D.		GLI	N BURNI	E, MAR	YLAND 210	61	
23o. 8	BURIAL, CREMATION, REA	AOVAL 23	DATE	23c. NAME C	OF CEMETERY C	R CREMATORY	23d. LOC.	ATION	COUNTY	

Home Glen Burnie.

Funeral

Singleton

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the haspital or attending physicia

TO HOSPITAL OR

(VRA 15, 4)

TATERPOS INCOME PROPER STYLE THE CALCASSING STATES OF THE STATES AND ASSESSED ASSESSED ASSESSED.

thought ment to protect of

STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

DECEASED NAME FIRST	morrison	LAST	DEC 8, 1983		26. HOUR
MALE	4 RACE CAU	5 DATE OF BIRTH MONTH DAY YEAR BEB 27 1917		FUNDER I YEAR	IF UNDER 24 H
DDRIGGE, ARK	76. CITIZEN OF WHAT COUNTRY?				L
T MEADE	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS) Y COMMUNITY HOSP	12a USUAL OCCUPATION	126 KIND O	
JUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)		-	01

DODDRIOGE, ARK	U.S.A.		DIVORCED	MUNEAR	UNDEL ,
	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES KIMBROUGH AR	TREET ADDRESS)	(TYPE	JSUAL OCCUPATION OF WORK FOR MOST OF WORKING LIE TO LETTARY	126 KIND OF BUSINESS C INDUSTRY U.S. GOV.
USUAL RESIDENCE (IF NURSING HOME OR C 130, STATE 13b, COUNTAIN A	OTHER INSTITUTION GIVE RESIDENCE E	SEFORE ADMISSION)	CITY LIMITS? 134 S	TREET ADDRESS BOY & MOUTAGU	210/1
	omer Morr	15 MOTHE	R'S MAIDEN NAME	MIDDLE =	Carlisle
160 WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (1F YES GIVE 1941	WAR OR DATES!	5-0110 Mar	garet B.	ADDRESS Morrison	qs Above
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (a) RCS	piratory an	rest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	CMIL Obstu	ction polmo	navy disease	20m.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH!		
					YES 🗌	NO	YES	NO 🗌	
М	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURRED	ENTERN.	ATURE OF INJUR	Y IN ITEM 18 PART I OR PART 21		
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR						
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						

21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

saw the deceased olive on above, (1) (we) (did) (did not view the body after death nd that in (my) (our) apinian death occurred on the date and haur and from the couses stated DE GREE 22c DATE SIGNED ATTENDING

22e ADDRESS

ANDREW SANDERS

230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE

12/12/83 Crownsville A. A. Md. Maryland Veterans Burial 24 FUNERAL DIRECTOR

Raymond C. Fink

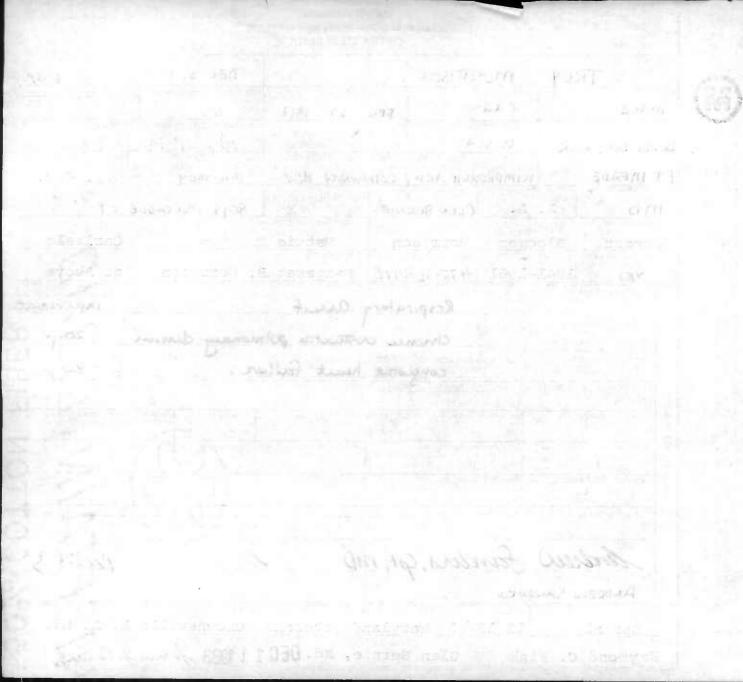
Glen Burnie, Md. DEC

PHYSICIAN DIRECTOR PHYSICIAN

23d LOCATION

DHMH - 16 50M 1/81 (VRA 15, 4)

CRTANT.



STATE OF MARYLAND

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executed within 24 hours ofter death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V	V	- 1	0	Com
DEC NO				

l '	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	H	MIDDLE	LOR	SR.	Dec.	30 30	1983	10 P M
3. SE	m		ack	Dec.		6 AGE (IN YEARS LAST BIR	YRS	MONTHS DATS	IF UNDER 24 HRS HOURS MIN,
	ARYLAND	U.S		WIDOW		Anne 8	ARUN	/ /	MD.
1	Annapolis	AMAR.	HRUNDE	ADORESHT)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C			OF BUSINESS OR
130. M/	JAL RESIDENCE TH NURSING HOME OR: STATE 13b COUN ARYLAND A.A ATHER'S NAME FIRST FRANK	TY	ISIC CITY OR TOWN ANNAPOLI LAST NAYLOR	N	13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA FIRST MARGARET	130.STREET ADDRESS		-	
	WAS DECEASED EVER IN U.S. ARA	MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 216-18-59	RITY NO.	17. INFORMANT ANNIE NAYLOR	Annapo 300 Browns	olis,	Md. 21	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO DO	MAS A CONSEQUE	A-T	LURE BRY FAIL OUTIVE LUN	4 DISEASE			
CERTIFICATION	19a DATE OF OPERATION				ON WAS PERFORMED	200 AUTOPSY? YES NO	206. IF Y	ES, WERE FINDING CAUSES	NGS USED
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MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
	220. I certify that (I) (this hoped sow the deceased alive on above, (I) (wo) (did) (did) (did) (22b. SIGNATURE 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE O	i) view the body	19	4.7	nd that in (my) (corr) opinion DEGREE X ATTENDING	MEDICAL STA	FF CIAN []	22c. DATE	SIGNED /30/f3
23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1-6-1	1	

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OR ATTENDING PHYSICIAN: The low or attending physicio

retained by the haspital O HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumatic event, the

DHMH - 16 50M 4/83 (VRA 15, 4)

BURTAL -5-1984 24 FUNERAL DIRECTOR
NAME
WILLIAM REESE Annapolis, Md. 21401 & SONS MORTUARY P.A.

HOPE CHURCH CEMETERY | Fingewater A. A. Maryland

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Uy Funeral Home 3204 Mountain Rd. 21122

STATE OF MARYLAND

250. DATE REC'D

FilmG587 1/5/84 DERARTMENT OF HEALTH AND MENTAL HYGIENE

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 17 (VR A15 ME (5)) 20M 4/82

CHYPE CHERRISHTS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN 26 HOUR OF ESTI-26 HOUR 12-18-839 5:59A 9 BALTIMORE CITY OR COUNTY OF DEATH Anne ARundel County USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS Factory Grimes ADDRESS Sr. same BETWEEN ONSET AND DEATH 20 AUTOPSY?

DATE SIGNED 12-18-83

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#1,14,15,FilmG586 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 12/14/83 kam CERTIFICATE OF DEATH REG. NO. I. DECEASED NAME FIRST 79. DATE OF DEATH 7b HOUR (TYPE OR PRINT) NOWOTTNICK AUGUST JOHN DECEMBER 3, 1983 A AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR 3 SEX 4 RACE DAYS MONTH Jan. 10. 1908 Male Cauc. 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY DIVORCED KX WIDOWED Keal Germany 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h, KIND OF BUSINESS OR INDUSTRY LTYPE OF WORK FOR MOST OF WORKING LIFET NORTH ARUNDEL HOSPITAL GLEN BURNIE Fuel Oil Truck Driver USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Crownsville 710 Latham Dr. NO XX Md A.A 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST AUGUST Emelia Η. Nowottnick Sr. Handke ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT TYES NO OR UNKNOWNS Doris Saumenig 710 Latham Dr. Crownsville NONE 214-05-2829 NO 18. CAUSE OF DEATH (Enter only one cause per line fag (a), (b), and (4) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INTURY IN ITEM IB PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated saw the deceased alive on_ above, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STATE
PHYSICIAN DIRECTOR PHYSICIAN 221 PHYSICIAN'S NAME / TYPE OR PRINT) OAKWOOD RD. #200, MARYLAND 21061 MARC A. KAPLAN, M.D. 23c NAME OF CEMETERY OR CREMATORY 23e BURIAL CREMATION, REMOVAL 23b, DATE 23d LOCATION CITY OF TOWN (SPECIFY) Hillcrest Cem. Burial 2/7/83 Annapolis Me 24. FUNERAL DIRECTOR

Hardesty Funeral Home Annapolis Md. 21401

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

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DHMH - 16 50M 4/83

(VRA 15, 4)

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	- STATE REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO		erico — Lob	
	CEASED NAM" Nona	Irene		Connell	20 DATE OF DEATH	2 31	83 Zb	HOUR HOO
1. SE	Female	White	5. DATE OF	BIRTH - 06- 18	AGE (IN YEARS LAST BIRTH	MONTH		UNDER 24 HRS
		7h. CITIZEN OF WHAT COUNTS	pyo. II		BALTIMORE CITY OF	COUNTY OF D	EATH	
2 18. C	10	TT. NAME OF HOSPITAL, NUF	REET ADDRESS)	OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF			
UsU	NAPOLS AL RESIDENCE (IF NURSING HOME OR 136 COUN	ITY I I I I I C I TY OR T	OWN	UERAL HOSPITA	Shipping STREET ADDRESS / LAST Ba	MANAGE	ammer&	Pisto
M IA. FA	ARYIAND IANNO	E ARUNTAL AN	NApolis	YES NO NO NAME NAME NAME NAME NAME NAME NAME NAME	4	y View	DRIVE	e 21
4	Frederick WAS DECEASED EVER IN U.S. AR/	Cle	ments	Eleanor	ADDRES		Engl	and
		E WAR OR DATES)	1-8756	Mr. Michael		_	as 13	
	18 CAUSE OF DEATH lEnter only PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSE DUE TO, OR AS A CONSE DUE TO, DUE T	QUENCE OF	MCEN			411	untl
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING			NAL DISEASE OR COND	TION GIVEN IN		USED
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/	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	r IN ITEM 18 PART I C	DR PART 2)	
MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFF	ICE, FARM ETC)	21f LOCATION STREET	CITY OR TOW	IN C	OUNIY	STATE
	22a.1 certify that (I) this haspit saw the declared physical	12/30	(77)	that in (my) (our) apinion de	to 143	te and hour and	from the cau	(I) we) lo
	226. SIGNATORE MA	en Wolol	1	EGREE ATTENDING PHYSICIAN M	MEDICAL STAF	F	22c. DATE SIG	NED /83
	220. PHYSICIAN'S NAME (TYPE O	COLE III		57 FRANK	LIN AN	IN) APO	45 N	rd.
	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATF 2		METERY OR CREMATORY	23d LOCATION	COU		STATE
24 F	Gremation UNERAL DIRECTOR	1/2/84	westvie	W Crematory	Catonsvi]		alto SIGNATUM	Md

George J. Gonce 4001 Ritchie Hgwy Balto Md

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 in

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STATE OF MARYLAND

		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONIH DAY	YEAR	2b HOUR
	(TYPE	NELLE	M.	PAT	ANE	December 1	2, 1983	3	
	3 SE	x Female	4 RACE Caucasian	5. DATE O	OF BIRTH 2, 1891 YEAR	6 AGE (IN YEARS LAST BIRT)	MONT	DER I YEAR	IF UNDER 2
97		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY:	8	D NEVER MARRIED	BALTIMORE CITY OF Anne Arund		DEATH	1
90		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING A STREET Annapolis Conva	NG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Homemaker	ON 1:	26 KIND O NDUSTRY	F BUSINE
奶	130 5	STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134 CITY OR TOV Arundel Crownsv	VN	13d INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 967 Sevard	en Lane	210	33
300	14. FA	ATHER'S NAME	MIDDLE LATT		15. MOTHER'S MAIDEN NA			1.65	,
1300	Ro	osario	Muriabito		Francesca	······································	San	tange	elo
se medico		WAS DECEASED EVER IN U.S. A. YES. NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	and the same	Mrs. Jack Ste	ADDRES efanelli, (s	ame as	13e)	
oumofic event		Conditions, if ony, which	CO DV	un	of week	moion	No	rect	O D
injury, or other troumotic event _e	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	TE CAUSE (o)	ENCE OF	of week			rect	0
ovs any injury, or other troumotic event,	TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF ENCE OF	NOT RELATED TO THE TERM			N PART III	O GS USED
IIII 18 Joys ony injury, or other troumotic event,	ICAL CERTIFICATION	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH HOUR A.M. MONTH D	ENCE OF ENCE OF DEATH BUT	NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCURI	200 AUTOPSY? YES \(\) NO \(\)	206 IF YES, WE IN CERTIFYING	N PART III	IGS USED OF DEATH
orked at them 18 Toys ony injury, or other troumotic event,	MEDICAL CERTIFICATION	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause to, stoting the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMINE AT WORK	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH R) 21b. TIME OF INJURY HOUR A.M. MONTH D (AT HOME STREET, FACTORY OFFICE.	ENCE OF ENCE OF DEATH BUT OPERATION AY YEAR 19	I NOT RELATED TO THE TERM ON WAS PERFORMED	200 AUTOPSY? YES \(\) NO \(\)	20b. IF YES, WE IN CERTIFYING YES IN ITEM 18 PART 1	N PART III	IGS USED OF DEATH
m 21 is morked The Things on y injury, or other troumotic event,		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse to storing the underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (the hosp sow the deceased alive or obove, (I) (we trade did not to the deceased of the deceased	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH ATH (B) P.M. 21e. PLACE OF INJURY	ENCE OF ENCE OF OPERATIO AY YEAR 19 FARM ETC.)	I NOT RELATED TO THE TERM ON WAS PERFORMED 21c HOW INJURY OCCUR! 21l LOCATION STREET And that in (my) (on appinion	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	20b IF YES, WE IN CERTIFYING YES 1 YES 1 YES 19 19 19 19 19 19 19 19 19 19 19 19 19	N PART 110 RE FINDING CAUSES OR PART 2) COUNTY	GS USED OF DEATH NO St.
IMPORTANT: If them 21 is marked at the 18 shays any injury, or other troumotic event,		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse los storing the underlying couse last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMINE 22a.1 certify that (1) (they have	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b, CONDITION FOR WHICH ATH P.M. 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, INTel) offended, the deceased from an office of the control of the deceased of the control of t	ENCE OF ENCE OF OPERATIO AY YEAR 19 FARM ETC.)	T NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 19 10 10 10 DEGREE ATTENDING	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	286 IF YES, WE IN CERTIFYING YES	N PART IIIC RE FINDING CAUSES OR PART 2)	IGS USED OF DEATH NO State of the till (**

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retained by the haspital or attending physician.

TO HOSPITAL

DHMH - 16 50M 1/8I (VRA 15, 4)

Road 16000 Annapolis Funeral Home, Bowie, Maryland

BY REGISTRAR TO REGISTRAR'S SIGNATURE 1983

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	¥.
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL I	H

1 -	FOR STATE			DEPARTM	AENT OF H	EALTH AND	MENTAL HYG	IENE 8 5	5	1 0	3 2
. DF	REGISTRAR CEASED NAME	. FIRST . #	^	AIDDLE		AST OF	DEATH	REG 20. DATE OF DEAT	G. NO.	DAY YEAR	2h HOUR
	E OR PRINT)	ruth		5· 4	Day	145	Paulus	1.	2-20	83	6.22m
SE	× F	4	RACE		S. DATE C	F BIRTH	23	6. AGE (IN YEARS LA	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS M.IM.
	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	X NEVER	MARRIED -	9 BALTIMORE CI		Y OF DEATH	
60	Keller V		U.S.A		WIDOWE	D 🗍 🖸	NORCED [Arunde		MD.
10. C	ITY OR TOWN OF DEA	TH 1		HOSPITAL, NURSIN H FACILITY, GIVE STREET		R OTHER INS	NOITUTITE	12a USUAL OCCU			OF BUSINESS OR
	Annapol			rundel	Gene	ral H	osp.	store o	wner	groc	ery
13g. S	AL RESIDENCE (IF NURS STATE Md.	13b. COUNT	-	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Shady	Ν		CITY LIMITS?	13e. STREET ADDR	ess verv F	20	764
14 F/	ATHER'S NAME				DIGE		S MAIDEN NA	ME			
G	eorge	MI	DDLE	Sturgi	S	Ed	lith	MIDE	DLE	Dunto	
6a, \	WAS DECEASED EVER	IN U.S. ARMI		166. SOCIAL SECU	RITY NO.	17 INFORM	ANT		DDRESS 48	301 Ave	erv Rd.
-	no			215-12-	4963	Wm	Jacob	Paulus	Shady		MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediote ig the lost.	DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT BELATE	D TO THE TERM	INAL DISEASE OR	CONDITION	IVEN IN GART I	Ψ.,
TION											
CERTIFICATION	19a. DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	H OPERATION WAS PERFORMED			YES NO	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES	
MEDICAL CE	21d. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	11b. TIME O HOUR A.	M. MONTH DA	YEAR			RED (ENTER NATURE O	FINJURY IN ITEM 18	PART I OR PART 2)	
MED	21d. INJURY OCCUR!	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC }	21f. LOCAT STREE		CITY	OR TOWN	COUNTY	STATE
	22a.1 certify that (1) sow the decease above, (1) (we) for	ed olive on_	12/19	183 19			, 19	, to	セン/ 33 he date and ho		that (I) (we) lost couses stated
	276. SIGNATURE	Bin	2 Pa	DE	(oli	DEGREE	ATTENDING PHYSICIAN	✓ MEDICAL DIRECTOR □ PH	STAFF	12 DATE	SIGNED 20/83
	22d. PHYSICIAN'S NA			F	C	22e. ADDRE					

S, M. WATKINS

230 BURIAL, CREMATION, REMOVAL

TNSEN COLE 23b. DATE 12/22/83

230 NAME OF CEMETERY OR CREMATORY Hillcrest Cemeter

73d LOCATION
(IN OB TOWN)
Annapolis, Md. A. A. Co.

24. FUNERAL DIRECTOR
NAME
Hardesty Funeral Home

ADDRESS 12 Ridgely Ann.Md. 21401

AVEDEC 2 2 1983

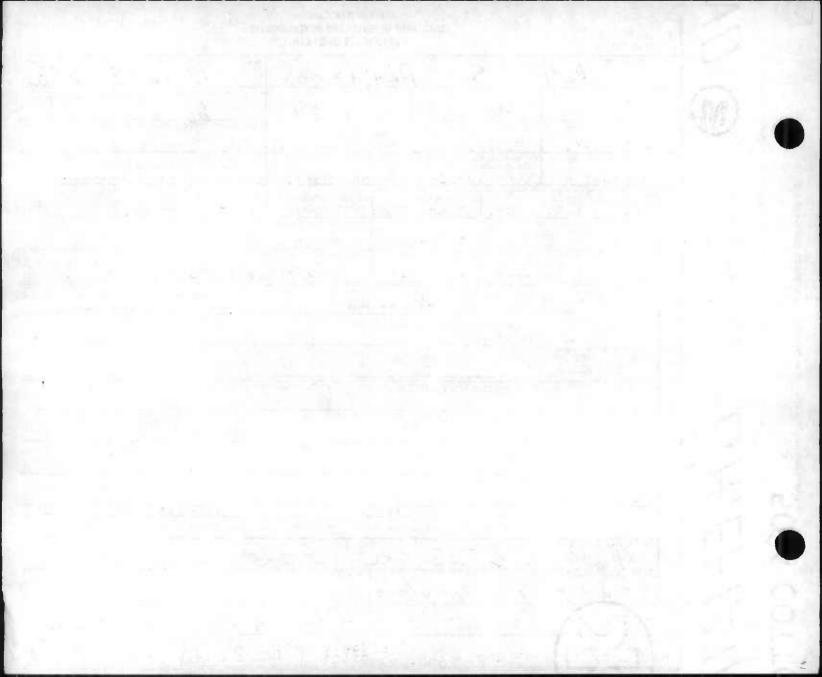
DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTEN

IO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled weight the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

injury, or other traumotic event, the medical azag

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D	
1. DECEASED NAME FIRST	MIDDLE	£,	AST			AY YEAR 26 HOUR
(TYPE OR PRINT) Que	nna A.	Pea	rson	D	ec 1	9 1983 0945a M
3. SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR IF UNDER 24 HRS
Male	€AU White	May		83 82	YRS.	ONTHS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	₩ NEVER MARRIED	9 BALTIMORE CITY O		
Arkansas	U.S.A.	WIDOWE		Anne Arun	del Co	ounty MD.
Ft. Meade, Md.	11. NAME OF HOSPITAL, N KINDTOUGH FACILITY, GIVE			120. USUAL OCCUPATION OF WORK FOR MOST O		126. KIND OF BUSINESS OR INDUSTRY Retired
			~		enue,	Glen Burnie, MD.
James (Charles Pea	rson	Mittie	Lenora		Jackson
MAS DECEASED EVER IN U.S. A	INF WAR OR DATES	SECURITY NO.	17. INFORMANT	ADDRE		
(AEAER MUKNOMN) (IL AE M	WTT DATES) 2183	6 25 15	Lucille Pea	rson same	as 13	
18 CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (o) Card:	iac Fail	ure			Minutes
Conditions, if any, which	DUE TO, OR AS A CONS	rosclero	tic Heart Disc	ease		15 Years
gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	SEQUENCE OF TOSCLETO	tic Periphera	l Vascular	Diseas	e 10 Years
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE Chronic Bronchitis - Gastrointestinal Blee				INAL DISEASE OR CONI	DITION GIVE	N IN PART Tra
Chronic Bro 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. NJURY OCCURRED	196 CONDITION FOR W			20a AUTOPSY? YES NO		WERE FINDINGS USED ING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)
(IF EITHER, NOTIFY MEDICAL EXAMIN	EATH	19				
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	DEFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
22a.1 certify that (1) (this hosp sow the deceased alive a	pital) attended the deceosed for 19 Dec 83	19, on	d that in (my) (our) opinion o	to 19 Dec		9.83, that (I) (we) last and from the causes stated
Guenest Guenest		lton	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22¢ DATE SIGNED
22d. PHYSICIAN'S NAME (TYPE Gwenesta B	orprint) B. Melton, Cpt,	M.C.	22e ADDRESS	rmy Communi		119 Dec 83
230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CI	EMETERY OR CREMATORY	23d LOCATION		Maryland
Burial	21 Dec. 83	Morelan	d Mem. Pk.	CITY OR TOWN	Balt	imore MD.
24 FUNERAL DIRECTOR	ley Glen Burnî	e MD.	25e. DAT	E REC'D. BY REGISTRAR	25h REGISTR	AR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or ather troumotic event. It

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending in should be detached for use as the burial-transit permit. Then please remove carbonic with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.

retained by the hospital or attending physicion.

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The Unerol director, page 3

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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WN OF DEATH BURNIE NCE IF NURSING HOME OR 13b. COUN AME AME ASE CORT ASED EVER IN U.S. AR	A RACE Whit 7b. CITIZEN OF WI U 11. NAME OF HO (IE NOT HIS SIGNATURE) ATUNDED MODULE E MED FORCES?	DE HAT COUNTRY? S.A. OSPITAL, NURSINI ACRUMATERIA VE RESIDENCE BEFORE G.C. CITY OR TOWN MILLERS LAST Brow 66. SOCIAL SECUI	WIDOWER GHOME OF NOTICE OF ADMISSION)	BIRTH 23 18 NEVER MARRIED DIVORCED ROTHER INSTITUTIO TAL 13d. INSIDE CITY LIM YES NO FIRST 15. MOTHER'S MAIDE FIRST	6 AGE 97 9 BALT 12a. USI (TYPE PE	REG. NO. FOR DEATH MAN BETT AND BETT AN	YRS. YRS. YRS.	OF DEATH TO THE PROPERTY OF T	estic lircle
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RST DET ASED EVER IN U.S. AR INKNOWN) IF YES, GIV SE OF DEATH (Enter on I. DEATH WAS CAUSE	MED FORCES? I	Brow:	n	FIRST	EN NAME	WIDDLE			
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I. DEATH WAS CAUSE	ly one couse per lu	307-07-8		Mrs. Will	iam Wal	lace	719 C Seve	rna Pa	ood Dr
OTHER SIGNIFICANT (200	AUTOPSY?	06. IF YES, N CERTIFY	WERE FINDIN	NGS USED
R. NOTIFY MEDICAL EXAMINER JRY OCCURRED	P.M.	MONTH DA	19	21c HOW INJURY O		ER NATURE OF INJURY I	NITEM IS PAR		51 ATE
tify that (1) (this hospi	tol) ottended the	deceosed from	12	that in (my) (our) or	, to_	/2	3 nond hour		that (1) (we)
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remation, removal Burial	A STATE OF THE PARTY OF THE PAR	83 23c N		METERY OR CREMAT	erv M	OCATION CITY OR TOWN	Delaw		STATE Indian
THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	OF OPERATION DENT WAS UNDERLYING DENT WAS UNDERLYING DENT WAS UNDERLYING PROTECTOR CAUSE OF DEAR RY OCCURRED NOT WHITE AT WORK	OF OPERATION - 196 CONDITIONS CON	DUE TO, OR AS A CONSIDUE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF ING COUSE IOST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT POSSIBLE TO THE PROPERTION OF OPERATION - 196. CONDITION FOR WHICH OPERATION DENT WAS UNDERLYING 716. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 INTERPORT OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) TITLY THOSE IN THE CONTRIBUTION OF THE DEATH BUT P.M. 19 INTERPORT OF THE CONTRIBUTION OF THE DEATH BUT P.M. 19 REMATION, REMOVAL 236. DAJE 7-83 BEACH GT	DUE TO, OR AS A CONSEQUENCE OF LOST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONDITION FOR WHICH OPERATION WAS PERFORMED DENT WAS UNDERLYING TO THE CONDITION FOR WHICH OPERATION WAS PERFORMED DENT WAS UNDERLYING TO THE CONDITION FOR WHICH OPERATION WAS PERFORMED DENT WAS UNDERLYING TO THE CONDITION FOR WHICH OPERATION WAS PERFORMED THE CONDITION FOR WHICH OPERATION WAS PERFORMED THOU RAM. MONTH DAY YEAR P.M. 19 LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK TO CONDITION FOR WHICH OPERATION WAS PERFORMED TO CONDITION FOR WHICH OPERA	DUE TO, OR AS A CONSEQUENCE OF COURT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING COURT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING COURT OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 DENT WAS UNDERLYING 10	DUE TO, OR AS A CONSIDUENCE OF COURSE CONTRIBUTION OF RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION WAS PERFORMED 210. AUTOPSY? YES NOT PROVIDED CAUSE OF DEATH POUR A.M. MONTH DAY YEAR P.M. 19 19 19 10 19 10 19 19 19	DUE TO, OR AS A CONSEQUENCE OF INDUSTRIBUTION OF RELATED TO THE TERMINAL DISEASE OR CONDITION GIVES OF OPERATION - 196. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVES OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, IN CERTIFY YES NO YES NO WILLIAM OF INJURY YES NO WILLIAM OF INJURY IN ITEM 18 PARTITION OF INJURY OF INJURY	TOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO FOR THE SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION - 196. CONDITION FOR WA

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complete should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

FOR - STATE REGISTRAR

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DIRECTOR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

WIDOWED

REG. N	10.				
20. DATE OF DEATH	MONTH	OAY	YEAR	26 HOU	R
	12	30	83	945	
6. AGE (IN YEARS LAST 8	RTHOAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
75	YRS	MONTHS	DAYS	HOURS	AA IN
9 BALTIMORE CITY	OR COUN	TY OF DE	ATH		

12h KIND OF BUSINESS OR

DECEASED NAME LTYPE OR PRINTE CONARd 3 SEX mal 70 BIRTHPLACE (STATE OF FOREIGN COUNTRY) England ents Mouth CITY OR TOWN OF DEATH Annapo 14 FATHER'S NAME (YES, NO OR UNKNOWN) Conditions, if ony, which gove rise to immediate couse to), stating underlying cause last NO CERTIFICAT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

76 CITIZEN OF WHAT COUNTRY? NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION rund USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
135. COUNTY
137. CITY OR TOWN None Reandel MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (a) (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

13e STREET ADDRESS 13d INSIDE CITY LIMITS? NORROO 15. MOTHER'S MAIDEN NAME MIDDLE acce ADDRESS 17 INFORMANT

WORK-FOR MOST OF WORKING LIFE

Same APPROXIMATIONTERVAL BETWEEN ONS T AND DEATH DUE TO, OR AS A CONSEQUENCE OF

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DIVORCED

DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19

21e PLACE OF INJURY

Jan.4.1984

MIDDLE

206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [] NO YES [214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART L'OR PART 2)

AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

211. LOCATION CITY OR TOWN COUNTY STREET

saw the deceased alive on above, (1) (we) (did) (did not) view the body after death. and that in (my) (out-opinion death occurred an the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN

22d. PHYS

22e ADDRESS

23a BURIAL CREMATION, REMOVAL 23b. DATE

236 NAME OF CEMETERY OR CREMATORY

23d LOCATION

STATE

BP Buria 24 FUNERAL DIRECTOR

ADDRES 2 Ridgely Ave. Ann.Md

brew Cemetery Balt Md. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE

Hardesty Funeral Home

Baltimore Hebrew Cemetery

DHMH - 16 50M 4/83 (VRA 15, 4)

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	٥.		
	CEASED NAME	FIRST	N	AIDDLE	L	AST		MONTH DAY	YEAR	26 HOUR
(TYP	E OR PRINT)	Mar)	a.		Pokorny	0	nber10,1	983	8 PM
3. 58	X	4.1	RACE		5. DATE C	DAY YEAR	& AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS	IF UNDER 24 HRS
1	male		Wh	rite		1ary 24 1917		O YRS.		
	IRTHPLACE (STATE ORFO			WHAT COUNTRY?	8 MARRIE	DE NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	EATH	
Ва	ItImore Md	•	U.S.A.		WIDOWE		anne	anun	del	MD.
10 C	and town of DEA	TH 11.		HOSPITAL, NURSIN H FACILITY, GIVE STREET,		General	RECEIPED MOST O	ON F WORKING LIFE) IN[KIND O	F BUSINESS OR
	STATE	NG HOME OR OTH		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	•		
	ryland		Arunde	Annapo		YES NO	332 Epping	WAV 21	401	
14. F.	te ATois Po			LAST		15. MOTHER'S MAIDEN NAM			LAS"	1
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
	(AES' MERIKHOMH)	WW 1		215 09 5	751	Mrs Margaret	t Pokorny 3	32 Eppin	g Wa	y 21401
	18 CAUSE OF DEATH	1 (Enter only o	one couse per	line for (0), (b), one	d (c).)	1 1-			APPROXI	MATE INTERVAL
	PART I. DEATH W	AS CAUSED &		Wisho	45 to	14 my com	- 8			
	2000			R AS A CONSEQUE	NCE OF					
	Conditions, if any, which									
	gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF									
	underlying couse lost. (c)									
7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
10							1	Test to MES AMERI	Frame	
CERTIFICATION	190. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI IN CERTIFYING YES		
ER .	210. ACCIDENT WAS UND	- Comment	216. TIME O		W WELE	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OF	R PART 2)	
	OR CONTRIBUTING C		P./	m. MONTH DA	19					
MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	wn cc	OUNTY	STATE
Σ	WHILE NOT WHI	K L		EET, FACTORY, OFFICE F		STREET	1		^	31111
	22a.1 certify that (I)	(this hospital)	ottended the	e deceased from	/	1/16 19 5		19	1	that (1) (we) lost
	sow the decease above, (I) (we) (d	d olive on		1 4	. 01	nd that in (my) (our) opinion o	death accurred on the de	ote and hour and f	from the	couses stated
	226. SIGNATURE	//				DEGREE			20 DATE	SIGNED
L	R Rees	n/6	~ 5.	. P. LrA	TILIA:	ATTENDING PHYSICIAN	MEDICAL STAT		12/	10/63
1	224. PHYSICIAN'S NA	ME (TYPE OR PE	RINT)		-	22e ADDRESS				
	DR. Bier	a								
23a	BURIAL, CREMATION, I	REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(SPECIFY) Buria	1	Dec 1	4,1983 Ma	rylan	d Veterns	Crowns	ville A.	A. C	o. Md/

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by should be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event,

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicion.

14 FUNERAL DIRECTOR
Harry H Witzke 4112 ColumbiaRd Ellicott City

Crownsville A.A. Co., Md/

.... eroj Isl

late Alois Pokornev

Settre

Maryland Anne Arundel Annapolis 332 Eppins Way 21401

iste dat the Maufaus

WH 11 213 09 3751 Mrs Marmarett Poleorny 332 Eppins May 21401

Burial Dec 14,1983 Harvland Veterns Cromeville A.A. Co., May

Harry H Mitace Will Columbia?d Milicott City

FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MARYLAND BEALTH AND MENTAL HYC CICATE OF DEATH	SIENE 3	REG. NO.	16	3 / EST
I. DECEASED NAME (TYPE OF PRINT)	FIRST		MIDDLE		LAST	2a. DATE OF		DAY YEAR	2b. HOUR
	ADA		VERA	P	ORTER	UE CE	MBER 30,	1983	9:30A M
3. SEX FEMALE		4. RACE BLA	CK	S. DATE C			ARS LAST BIRTHDAY)	MONTHS DAYS	# UNDER 24 HRS
70. BIRTHPLACE (STATE OF MARYLAND)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED		ARUNDEL		MD.
GLEN BURN			HOSPITAL, NURSIN THE FACILITY, GIVE STREET RTH ARUND	ADDRESS)	SPITAL	12a USUAL O	ECCUPATION FOR OF WORKIN		OF BUSINESS OR
USUAL RESIDENCE (# N 130. STATE MARYLAND	13b COU	NTY	SEVERN		13d. INSIDE CITY LIMITS?	134. STREET A	Clarksta	tion Rd.	14
14. FATHER'S NAME WTLLIA	M	WIDDLE	BROW	N	15. MOTHER'S MAIDEN NA	ME	MIDDLE A	HII	TON
160 WAS DECEASED EV		RMED FORCES?	16h SOCIAL SECU	RITY NO.	17. INFORMANT BILLIE WOODS	3050 8	ADDRESS Southland	Balto.,	Md. 21225
18 CAUSE OF DE PART I. DEATH Conditions, if o	IMMEDIA	EĎ BY: (TE CAUSE (a)	RAS A CONSEQUE	102	pulmo	ale		APPROX	(MATE INTERVAL) ONSET AND DEATH

66 1	USUA 13a S	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITU		N)	12. STREET ADDRESS	21144
22	MAI	RYLAND 13	A.A.	SEVERNOWN	YES NO	7843 Clarksta	tion Rd.
20	4. FA	WILLIAM	WIDDLE	BROWN	15. MOTHER'S MAIDEN N.	AME MIDDLE	HILTON
1		MAS DECEASED EVER IN YES. NO BE UNKNOWN)	U.S. ARMED FORCE IF YES, GIVE WAR OR DATE		BILLIE WOODS	ADDRESS 3050 Southland	Balto., Md. 2
			Enter only ane cause CAUSED BY: MEDIATE CAUSE (a	per line for (a) (61) and (c).	- pulmo		APPROXIMATE INTER- BETWEEN ONSET AND I
		Conditions, if any, w	hich (16	D, OR AS A CONSEQUENCE OF	V		
		gove rise to immed couse (a), stating underlying couse	11	D, OR AS A CONSEQUENCE OF			
	z	PART 2. OTHER SIGNIF	ICANT CONDITION	S CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	GIVEN IN PART 110
-0	2						
9	TIFICAT	190 DATE OF OPERATIO	19b. CC	INDITION FOR WHICH OPERATI	ION WAS PERFORMED		FES, WERE FINDINGS USED TIFYING CAUSES OF DEATI YES NO
9	AL CERTIFICAT	21g. ACCIDENT WAS UNDER	LYING 216. TIA	ME OF INJURY R. A.M. MONTH DAY YEA	R 21c. HOW INJURY OCCU	IN CER	TIFYING CAUSES OF DEATH
9	MEDICAL CERTIFICAT	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. IN JURY OCCURRED	LYING 21b. TIM HOUR EXAMINER) 21b. TIM HOUR LEXAMINER)	ME OF INJURY R. A.M. MONTH DAY YEA	R 21c. HOW INJURY OCCU	YES NO	TIFYING CAUSES OF DEATH
9	MEDICAL CERTIFICAT	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL IF EITHER, NOTHY MEDICAL 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK AIWORK 22g. I certify tho 112th sow therecosed	21b. TIM HOUR EXAMINER) 21e. PLA IAT HOM his hospital attende	AE OF INJURY R. A.M. MONTH DAY YEA P.M. 19 ACE OF INJURY LE STREET, FACTORY, OFFICE, FARM, ETC.]	R 211. HOW INJURY OCCUI	YES NO IN CER	TIFYING CAUSES OF DEATH YES NO COUNTY ST COUNTY ST A thoi ()(w)
79	MEDICAL CERTIFICAT	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL IF EITHER, NOTHY MEDICAL 21d. INJURY OCCURRED WHILE NOTWHILE AT WORK AIWORK 22g. I certify tho 112th sow therecosed	EXAMINER) 21b. TIM HOUR EXAMINER) 21c. PLA IAT HOM	AE OF INJURY R. A.M. MONTH DAY YEA P.M. 19 ACE OF INJURY LE STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET 211 LOCATION STREET Ond that in my Copinion DEGREE	YES NO IN CER	TIFYING CAUSES OF DEATI YES NO COUNTY SI COUNTY SI A, 19 , that (1)(w)
79 T	MEDICAL CERTIFICAT	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22g. I certify the (I) 4th sow the decessed obove (I) (we) (did 22b. SIGNATURE	21b. TIM HOUR EXAMINER) 21b. PLA HOUR HANNER) 21c. PLA LAT HOM his hospital attende olive on lating the beautiful of the beautiful the beaut	AE OF INJURY R. A.M. MONTH DAY YEA P.M. 19 ACE OF INJURY LE STREET, FACTORY, OFFICE, FARM, ETC.]	211. LOCATION STREET 211. LOCATION STREET Ond that in my Sopinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS 7841	YES NO IN CER RRED (ENTER NATURE OF INJURY IN ITEM I CITY OR TOWN 1 to 22 depth occurred on the date and h	TIFYING CAUSES OF DEATH YES NO COUNTY ST

DHMH - 16 50M 4/82 (VRA 15, 4)

74. FUNERAL DIRECTOR
WILLIAM RE

REESE & SONS MORTUARY, P.A.

THE PARTY OF THE P printered has blants one dought granted the city of

FOR - STATE REGISTRAR DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) WILLIAM **ERNEST** PRIEBE 4. RACE 5. DATE OF BIRTH 3 SEX MONTH White Male March TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA WIDOWED X 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION "NORTH" ARUNDEL "HOSPITAL GLEN BURNIE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13c. CITY OR TOWN AA Glen Burnie Maryland 4. FATHER'S NAME

MIDDLE

Frederick

16g. WAS DECEASED EVER IN U.S. ARMED FORCES?

Priebe

166. SOCIAL SECURITY NO.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1924

DIVORCED

SR

EST REG. NO 20. DATE OF DEATH 26 HOUR

	DECEMBER 13,	19	83	062	O AM	
ī	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS		
	59 YRS.	ONTH5	DAY5	HOURS	MIN.	
-	9 BALTIMORE CITY OR COUNTY	OF DE	ATH	70 10 1		
	ANNE ARUNDEL	CC	UNT	Y	MD.	
Ī	12a USUAL OCCUPATION		KIND O	F BUSINI	ESS OR	

Westinghouse

MD

	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 501 Oakleigh	Avenue	21061
	15 MOTHER'S MAIDEN NA	ME		
	Louise	MIDDLE	Lotz	7
٦	Committee of the commit	ADDRESS		

Sheet Metal

. THAS DECEMBED E. EK	II TO O A ARTHED TO REED.	TOO. DOCKHE DECORNIT TOO.	(7 11 11 0 11 11 11 11 11			
Yes, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	218-18-5745	William E. Pr	iebe, Jr.,	Same as 13	3
PART I. DEATH W 4920 Conditions, if ony, gove rise to imm	DUE TO, O which (b) nediote g the DUE TO, O		musy az mumoth	our .	APPRI BETWEE	OXWATE INTERVAL IN ONSET AND DEATH
PART 2. OTHER SIGN	We - Car	ONTRIBUTING TO DEATH BUT		THE AUTOPSYT	DITION GIVEN IN PART 206. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED
21g. ACCIDENT WAS UND		OF INJURY	TH. HOW INJURY OCCURRE	D Jewite wature or now	F PART I OR PART 2	4

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	23c. H
21d INJURY OCCURRED	21e PLACE OF INJURY	711.10

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NO YES OW INJURY OCCURRED (ENTER NATURE OF PUBLIC PART IS PART I OR PART 2)

I. LOCATION	CITY DE FOWIN	COUNTY	STATE
	0 1		
11	V つま/54 AAST	10	

20.	certify that (1) (this hospital) attentions the deceased alive on above, (1) (we) (did) (did not) view 1	nded the deceased from 19 85	ond that in (my) (ou	r) opinion death	occurred on the date of	ond hour one	from the cou	it (1) (we) l uses stated
			250255				00 0 4 75 016	CALED

b. SIGNATURE	DEGREE
d. PHYSICIAN'S NAME (TYPE OR PRINT)	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
d. PHYSICIAN'S NAME (TYPE OF PRINT)	22. ADDRESS 95 AQUAHART ROAD

N1	TOV	MOTPROC	M D	
1.1	IUN	MOUTSOS.	W . 17	

NOT WHILE

CIENI DIDNITE

MICK PROTOCO	, P1.D.	OLLEN DURIN	LE MARTLANU	Z.1110
BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
Burial	16 Dec 83	Meadowridge Mem. Park	Elkridge	How

James S. Kirkley, Glen Burnie, MD

Howard Park

DHMH - 16 50M 4/82 (VRA 15, 4)

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18 shows

morked or Item

Hern 21 is

MPORTANT: IF

MEDICAL

WHILE

AT WORK

Burial 24 FUNERAL DIRECTOR

be detached for use as the burial-transit per e State Dept. of Health and Mental Hygiene

should be

BP

FUNERAL DIRECTOR.

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		1
57) 792-9054		
7100 5 15 17 17 110	an Partin 80 and al	

CTATE OF MADVIAND

1.	FOR STATE			DEPARTA		EALTH AND MENTAL HYG	GIENE	<i>'</i>	1	1	,	
1.00	REGISTRAR			AIDDLE		AST	2a DATE OF	REG. NO	D. MONTH	DAY Y	YEAR	EST
	CEASED NAME OR PRINT)	FIRST		AIDDLE		ASI	Za DATE OF	DEATH			EAR	26. HOUR A
		SADIE	A DE	JEAN		PUNCOCHAR		MBER		1983		10:15 M
3. SE			4. RACE		S. DATE C		6. AGE (INY	EARS LAST BIRT	(HDAY)	IF UNDER		HOURS MIN.
e .	Female		Whit	e	Sep	t. 12,1909	74		YRS	5.		
	RTHPLACE (STATE ORE	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMO	RE CITY O	R COUN	ITY OF DEA	TH	
	aryland	300	U.S	. A.	WIDOWE		ANN	E ARU	NDEL	COUN	TY	MD.
10. C	ITY OR TOWN OF DEA	ATH			G HOME C	OR OTHER INSTITUTION	12a USUAL					BUSINESS OR
G	LEN BURNIE			H FACILITY, GIVE STREET ARUNDEL		ΤͲΔΤ.		remak)Wn	Home
USU	AL RESIDENCE HE NURS	SING HOME OR				TIND	4					108
	STATE	136 COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET					100
	aryland	A.	Α.	Millers	ATTT	PYES NO K		3 We	ybu.	rn Ro	oad	
14. 64	FIRST		MIDDLE	LAST		FIRST	A/VE	MIDDLE			1.AST	
	Joseph			ochanow		Mary				No	ovac	ck
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU			ughter		SS	Same	as	5
	No		one	217.09.	6727	Geraldine	Punco	char		13	3	
	18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (a), (b), one		SAIDH LL DI				BE	APPROXIM	NATE INTERVAL NSET AND DEATH
	PART I. DEATH W		IE CAUSE (a)	Cardio-re	espire	rtory insuffi	ciency					
	4151			R AS A CONSEQUE	NCE OF							
	Conditions, if any,	which	(b)	Acute Mi	ocar	dial Infarcti	on				24	hours
	gove rise to imp	mediate	100									
10	underlying couse	9	DUE 10, OI	Pulmoni		nbolism				A.54		
	PART 2 OTHER SIGN	NIEIC ANT (ONDITIONS CO			NOT RELATED TO THE TERM	AIN AL DISE AS	E OR CONI	DITION	CIVEN IN P.	APT lun	
Z						itis, adhesio					10	
CERTIFICATION	19n DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		20b. IF	YES, WERE I	FINDING	GS USED
FIC,	THE DATE OF CIERA		176 COND	morrow winer	O' EKATIO	THE TENTONNED				RTIFYING CA		OF DEATH?
E			2 1011 21112	E In LOUISM		In Howard again	YES 🗶	NO		YES X		но 🗆
	OR CONTRIBUTING	_	110110 4	M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTERNA	ATURE OF INJUR	SY IN ITEM	B PART I OR PA	ART 2)	
CAL	(IF EITHER NOTIFY MEDI			Μ.	19							
MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY	APAN FIC \	211. LOCATION STREET		CITY OR TO	WN	COUR	NIY	STAIE
2	AT WORK AT WO	HILE DRK	(Al Home STA	eti, racioni, orrec, r	ARM, ETC Y	100						
	220.1 certify that (I)	(this hospi	tol) ottended th	e deceased from_		, 19	, to			_, 19	, th	hot (I) (we) lost
10	saw the decease obove, (I) (we) (c	ed plive on	Numero the heads	19_	, 01	nd that in (my) (our) opinion	death occurre	ed on the de	ote and I	nour and lie	om the co	ouses stated
	22b. SIGNATURE	dia) (dia na	it) view the body	orier deom.		DEGREE				226	DATES	IGNED
13	+	1/2	6	Zana.	7 1	ATTENDING	MEDICAL	STAF		1	1/2	8/85
	22d PHYSICIAN'S N	AME (TYPE C	OR PRINT)	V VVVIII	10	PHYSICIAN 2				mE 20	1	
	FRANK A.			0.		1203	YORK					
				1/A		LUTE	HERVILL	E. MA	RYLA	ND ZI	093	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicia

and Mental Hygiene prior to burial, cr

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

should be detached far use as the bi with the State Dept. af Health and N

injury, or ather traumotic event,

DHMH - 16 50M 4/83 (VRA 15, 4)

23b. DATE Dec. 29,83

230. BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY

STATE

24 FUNERAL DIRECTOR Singleton Funeral Home, Glen Burnie, MD

Holy Rosary Cem. Dundalk Balton Company Registrar 256 Regi

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100 100 100			. 5.5.		Drugstin.
2143					
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	or representation of the second				
	monuncia de la laci	- FIFTH		1900 N	
			LYNN BOLL		
Charles 1		SALES DE			
A planting		The same			
Colored Color					

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OI HEVELLI WIND IMPRILATE HILO	LITE
RTIFICATE OF DEATH	REG. N

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
DECEASED NAME FIRST	WIDDIE	1	AST			Zb. HOUR
	el Merle	Pvl	е	Dec. 17.	1983	1.30 PM
SEX	4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIRT	THOAY) IF UNDER I	YEAR IF UNDER 24 HRS
female	white	MONTH 11	-22-1896	87	YRS.	DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		TH .
Shady side, Me	t. U.S.A.	WIDOWE		Anne Ar	undel Co	. MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	IRSING HOME	77-27	120 USUAL OCCUPATE	ON 126. KI	IND OF BUSINESS OR
nnapolis	1766 Dunton	REET AGORESS)		teach		lem. Scho
MAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE B	BEFORE ADMISSION)			21 1	211/2/
Md. I36 COUN			13d. INSIDE CITY LIMITS?	825 Holl	, Da EC	X1401
FATHER'S NAME	A. Co. Anna	polis	15. MOTHER'S MAIDEN NA		y Dr. E.	
FIRST	MIDOLE LAST		FIRST	MIDDLE	NT.	LAST
Robert WAS DECEASED EVER IN U.S. AR		eather SECURITY NO.	DURY VII	ginia ADDRE	N = N	owell
(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR GATES)					
no	 215-3	8-3664	Mrs Wm. H.	Russell	Ann. Md	
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b	ond (ct.)	sculor de		BETY	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT (((c)	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	RT 1(0)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES		
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		DAY YEAR	21c. HOW INJURY OCCUR			
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFF	FFICE FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn coun	STATE
22a. I certify that (I) (this hasp saw the deceased alive on above, (I) (we) (did) (did no			nd that in (my) (our) opinion	death occurred on the do	ote and hour and from	m the couses stated
226. SIGNATURE	mittell			MEDICAL STAI	FF _ /	2 - 19-8
224 PHYSICIAN'S NAME THE COM	tchell		205 RX	Agely Du	ody our	1. mps // 5
BURIAL, CREMATION, REMOVAL	23b. DATE	23t NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
Burial	12/20/83	Woodf	ield Cemete	ry Galesv		A.A.Co.
. FUNERAL DIRECTOR		ess12 Ri	- 250 DA	TE REC'D. BY REGISTRAR		SNATURE
Hardesty Funer		Ann. M	dge 2448 YeDE	:0 2 2 1983	Johns	- Court

DHMH - 16 50M 4/82 (VRA 15, 4)

Hardesty Funeral

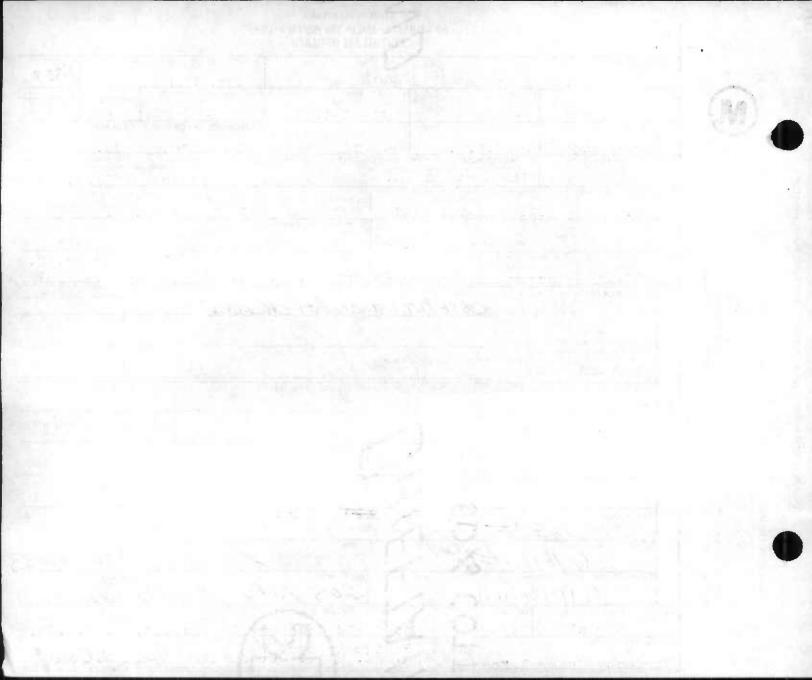
Home

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages I and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

FOR



of International director, page 3

medical

any injury, ar other traumatic event, the

IMRORTANT: If Hem 21 is marked or Item-18 shows

STATE OF MARYLAND

1.	STATE REGISTRAR	CERTIF	FICATE OF DEATH	REG. NO			
	CEASED NAME FIRST PRINTING FIRST PRI	IN D. RAW	hiugs		MONTH DAY	YEAR 26	HOUR
3. SE	MALE	WHITE S. DATE	22 1908	6 AGE (IN YEARS LAST BIRTH	YRS.	HS DAYS H	UNDER 24 HRS OURS MIN
	MARYLAND	USH WIDOW	ED NEVER MARRIED	HUNE /	4RUN	DEL	MD.
TIL	WAPOhis 1	NAME OF HOSPITAL, NURSING HOME (ILL NOT INSTERN FACILITY, ONE STREET ACCRESS) 29 DAY STORE	AUE !	VACHE VIII	D D D	MAP	UŞINESS OR
USU 13e	STATE D. 136 GOUNT	HER INSTITUTION GIVE/RESIDENCE BEFORE ADMISSION)	YES NO []	129 BAY	SHORE	DES	2463
14 6	THORYNAME PURSUES NAME PURSUES NAME OF THE PUR	Fight Pawhings	15 MOTHER'S MAIDEN NAM	wiciola	KED	MOD	D
	WAS DECEASED EVER IN U.S. ARME YES, JOSE UNKNOWN) (IFYES, GIVE WA		Putt H.1	PAWLING		±13	
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		39 Decle	em /		APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	J			1,82	
	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF					
NO	PART 2. OTHER SIGNIFICANT CON	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	ITION GIVEN II	N PART 1(a	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES OF	
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21 c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
MEDICAL	214. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N C	OUNTY	STATE
	220.1 certify that (1) (this hospital)	19	nd that in (my) (our) apinion d	eath occurred on the do			it (I) (we) last uses stated
,	The Signature	Dali De un		MEDICAL STAF		DATE SIG	MED 3
	Stephen B.	Hiltabidle M	220 ADDRESS 801 Melv	in Ave	Ann	apolis	SMD
230.	SURIAL, CREMATION, REMOVAL	12/15/83 CEDAR	CEMETERY OR CREMATORY	23d. OCATION CITY PRIOWN	his fo	Part	ID:
24 F	UNERAL DIRECTOR	ADDRESS ALVE	al di DEC	1 5 1983	balling !	e serentino	

BP DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the haspital or attending physician.

TO HOSPITAL OR

2) And Land Beautiful Company of the MEDING SEED JAMES STREET

CONTRACTOR OF THE ABOUNDS, LOT W. TRESTON S.L., DALLIMORE, MANIE OF THE ABOUNDS.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have talke death. Bate 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the Thinson Company should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be litted with 72 hours, there death

to	1-	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		1 3 4 2
£		CEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
ter death	3 SE>	ERMA	4 RACE	REINHART 5. DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 241 MONTHS DAYS HOURS IN
Theen Sheen		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTS	PY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	1 1 /
1 120		MD.	U.S.A. 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY GIVE STR	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS
1 22	USUA 130. S	MNA polis	Anne Heu.	nde Och. Mosp	SALES PERSON	BALTO. 6+
2 should be	1	TATE ARYLAND THER'S NAME	6 4 . 0	Tansville 13d. Inside city Limits? YES NO D 15 MOTHER'S MAIDEN N	13. STREET ADDRESS / ZIP CODI	Circle
P Co		CHARLES	METZGE	R LENA		DRESSEL
Poges		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) JIF YES, G	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 215-01.	11 - 40	INHART (SAME A	S 13E)
Deen signed by the attention. Then please remave or prior to buriol, cremotion, only injury, at ather traum.	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT		QUENCE OF TO DEATH BUT NOT RELATED TO THE TER TO DEATH BUT NOT RELATED TO THE TER		VEN IN PART Too.
ows ene	CERTIFICATION				YES NO YE	FYING CAUSES OF DEATH?
rial-transi ental Hygi ttem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?}
ter this is the but hand M hand M rked ar	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
TOR: At for use o of Health		sow the leceox solive o	ortal) attended the deceased from	G 1	n death occurred on the date and had	or and from the causes state
be detached be detached be State Dept.		JOSHA SHOWATURE	Dorson	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
should be det with the Stote IMPORTANT:		JOSE HAME WAS OF	M. SCH	22e ADDRESS		
Z # 3 8	1	BURIAL, CREMATION, REMOVA	12-6-83	SEDAR HILL CEMETER	CY BROOKLYN	A.A. MA
6 50M 4/83		INERAL DIRECTOR BALT	0. 21225 DE F.H. 4001	SS	ATE REC'D. BY REGISTRAR 255 REGIS	TRAR'S SIGNATURE

11

TO THE PARTY OF TH The state of the s and the state of t CONTRACT TO THE PERSON BRIDE LAND DRESSEL CHARLES NET 254X LEVA NO COUNTY TO COUNTY SERVINGE (COUNTY OF 131) 13-636 TEEDAR HILL CEMETERY CHICKEYN CORECT TO ECONOR FOR ADDINATIONE HOUSE LET TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove corbonapapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

	STATE			DEP		HEALTH AND ME		ENE O		4.1	to 1	
H	REGISTRAR				CERTI	IFICATE OF DE	AIH	REG.				
	DECEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH		DAY	YE AR	26 HOUR
6		Bennet	t M	ilnor	R	ensha	w SR	Decem	ber	26 -	-83	149/
12	SEX		RACE			OF BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY		RIYEAR	IF UNDER 24 HE
1	Hale.		whi	te	Ma		O8	75	YRS	MONTHS	DAYS	HOURS MI
Jo.	BIRTHPLACE (STATE	OR FOREIGN 7		WHAT COUN	TRY? 8			9. BALTIMORE CITY			ATH	
M I	Pennsylva	ania	U.S	S.A.		IED NEVER MA		Aller	April	nde	1	
W.	CITY OR TOWN OF E				URSING HOME	OR OTHER INSTIT	UTION	120. USUAL OCCUPA			KIND OI	F BUSINESS (
1	Augan	1:-	(IF NOT IN SU		STREET ADDRESS	m- m / 11	nen	Self Em	OF WORKING	LIFE) IND	USTRY	
4/	BUAL RESIDENCE LIEN	HESING HOME OF C	THER INSTITUTION	E HOUN	REFORE ADMISSION	erierai n	U3P.	Serr Pu	۷.	K		Esta
A 13e	STATE	136 COUNT	Y	113c CITY OR	TOWN .	13d INSIDE CITY		13. STREET ADDRES			-	061)
	Maryland	A	Α.	Grent	Burnie		10 🗶		-2) 2	Amer	ica	na Ci
1	FATHER'S NAME	M	IDDLE	LAS	7 - 7	15. MOTHER'S A		AE MIDDLE			LAST	
(6)	Clare				shaw		idee				iln	
160	(YES, NO. OR UNKNOWN)		WAR OR DATES)		SECURITY NO.	17 INFORMAN	100	OII	RESS	Mi	11e	ssvil
	YES, NOOR UNKNOWN)	?		363.0	9.1292	2 Bennet	tt M.	Renshaw	, Jr.		1	MD
CERTIFICATION		use last.	(c) ONDITIONS <u>C</u>		TO DEATH BU	UT NOT RELATED TO		NAL DISEASE OR CO				GS USED
7 8								YES T NOT	IN CER			OF DEATH?
2	00.000.000.000.00	CAUSE OF DEAT			I DAY YEAI	R	IRY OCCURR	ED (ENTER NATURE OF IN			PARI 2)	NO []
MEDICAL	MUSE NO	WHILE WORK		OF INJURY TREET, FACTORY, O	FFICE FARM, ETC)	211 LOCATION STREET		CITY OR	IOWN	CO	YIMU	STATE
	220 1 certify that	(I) (this hospite			ram	1978	19	10 12/2	6 33	. 19		hat (1) (we) !
		ased alive an_	View the had		19	and that in (my) (a	ur) apinion d	leath occurred on the	date and h	aur and fr	ram the a	auses stated
	77% SIGNATUSE	MILA	Ru	~~		DEGREE	ENDING X	MEDICAL ST DIRECTOR PHYS	AFF	22	C DATE	SIGNED /
1	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT) TKIN	15		22e ADDRESS	TOTCIAN AS	LOWELLOW CO.				
230	BURIAL, CREMATIO		23b. DATE		23c. NAME OF	CEMETERY OR CR	EMATORY	23d LOCATION		COUN	ITY	STATE
	Buri	al .	Dec. 2	29.83	Toude	n Park	Com	Balti:	noro	COON		MD

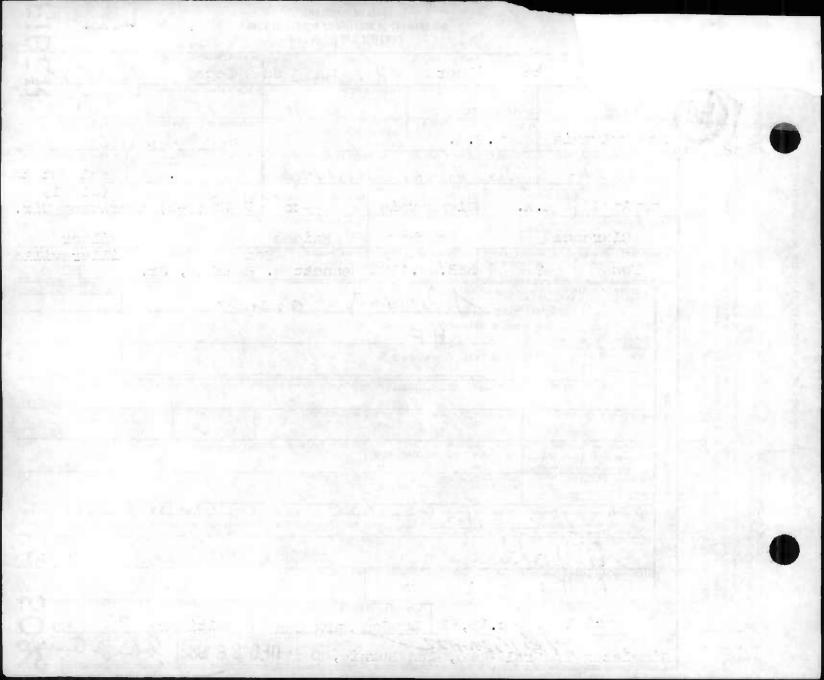
BP

retained by the hospital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
Singleton Home, Glen Burnie, MD

DEG 28 1983



10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the medical

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

IMENI	10	HEALTH	AND	MENTAL	HTGIENE	
CE	RTI	FICATE	OF	DEATH		DE

1 -	STATE REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST PAGE	N. Bidd	leherger	20 DATE OF DEATH MONTH	3 83 805 M
3. SE	x male	White See	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) YRS	
	COUNTRY	USA WIDOW		Anne An	indel Co. MD.
A	nnapolis 1.	NAME OF HOSPITAL, NURSING HOME (Gen Hosp.	120 USUAL OCCUPATION (179) OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY Service
130	STATE 13b. COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	130 STREET APORESS / ZIP CO	wn Rd. 21403
1	FIRST MIDE NO OD NAS DECEASED EVER IN U.S. ARMEI	Kiddleberger	Mary 4	ADDRESS 2	Windle
	YES NO OR MIKNOWN) (IF YES, GIVE W)	213-14-107b	Joan R. P.	erry- Anno	PULIS MIL 21403
	Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		hear faile party	BETWEEN ONSET AND DEATH.
NOI	PART 2. OTHER SIGNIFICANT CON	POLITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM		
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH [IF EITHER NOTIFY MEDICAL EXAMINER]	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220 I certify that (I) this haspital) saw the discovered alive are obove (I) feet (did (did not in	12/2 19 83 .	and that ((my) our) opinion (death occurred on the date and h	nour and from the causes stated

22e ADDRESS

ATTENDING PHYSICIAN

MEDICAL STAFF

236 DATE 230 BURIAL, CREMATION, REMOVAL

lor

FOR

234 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

retained by the hospital or attending physician.

Commence and a second second second second THERE WE SEE PRESENCE OF ACT Frank - State of the State of t

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	the low requires that the death certificate be executed within 24 hours	
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	I. The	sicion.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The	retained by the haspital or attending physician.
	0	tten
	N	0 0
	ATTEN	ospitol
	OR	d at
	TAL	1 Ac
	OSPI	ed be
	O	etoin

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hours at with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

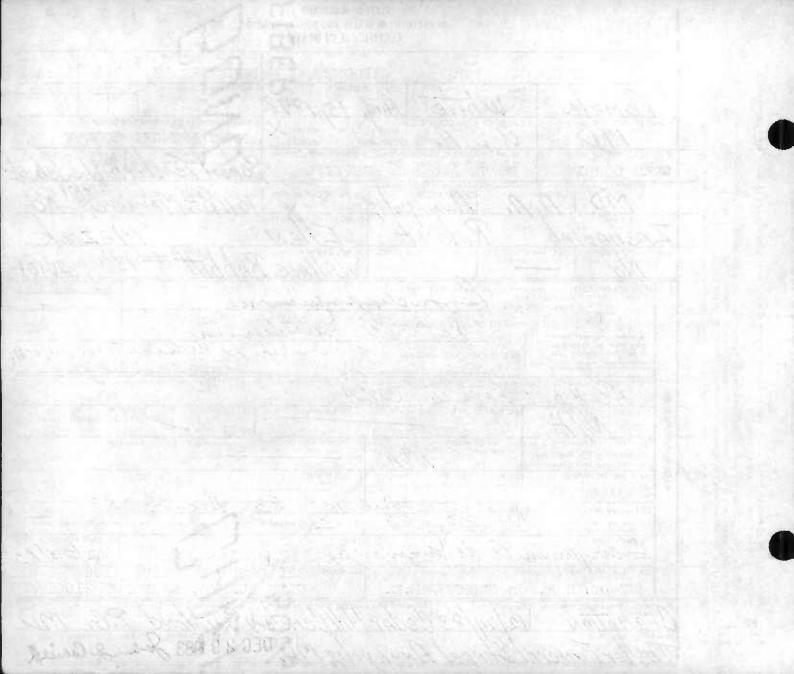
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		EST
1. DEC	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH	OAY YEAR 25 HOUR
	OR PRINT) ELISE	н.	RIDOUT	DECEMBER 23,	
3. SEX	Female	1 RACE White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) P S 3 YRS	FUNDER LYEAR FUNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTS	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEI	
-	TY OR TOWN OF DEATH JEN BURNIE		ING HOME OR OTHER INSTITUTION REET ADDRESS! HOSPITAL	OCCUPATION RK FORMOR F WORKING AR 1601 CACAC	
USUA 13a S	AL RESIDENCE AN NURSING HOME OR	ITY DISCOVERT		000	Oution -
14. FA	ACHAPIAH	MIDDLE RICOG	FILE N	MIDDLE	Mezick
16a W	VAS DECE SED EVER IN U.S. AR VES, NO DRIENKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SI	ECURITY NO. 17 INFORMANT	BABBITT #	13 21401
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D RY.	chapneum	orna	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
>	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSE	ovence of Septi	remia	y tract mifles
ig	couse (0), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSE	OUENCE OF THE TOTAL TO THE TIL		
NO	AS HD	; Possible	CVA.		
ERTIFICAT	19a. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
ICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN 18FM 18 P	PARI T OR PART 2)
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI	0	CITY OR TOWN	COUNTY STATE
	228.1 certify that (1) (this hospi saw the deceased alive on above, (1) (we) (did) (did no	tol) pended the deceosed fro	9 8 3, and that in (my) (our) opin	ion deoth occurred on the dote and hou	
	Henjam	n a. de hu	DEGREE PHYSICIAN PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/23/8
	BENJAMIN A.	de GUZMAN,		HOSPITAL DRIVE N BURNIE, MARYI	
	SURIAL, CREMATION, REMOVAL SPECHY) CMALLON	12/24/83 V	2 NAME OF CEMETERY OR CHEMATO	RY 23d LOCATION IT OR TOWN	P.G. 1910
24. FU	UNERAL DIRECTOR NAME PUNDY FUNDY	Al Chappel	ANNA Polis MD	DEC 2 9 1983 %	TRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



OR ATTENDING PHYSICIAN: The low requires that the death certificate be nospital or ottending physician.

TO HOSPITAL OR ATTEN

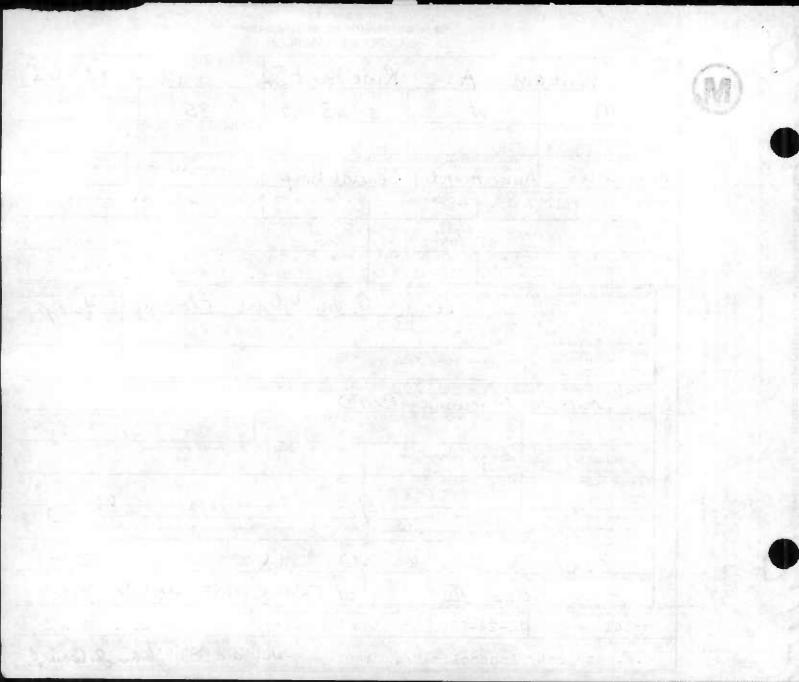
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1.	FOR STATE REGISTRAR			DEPART		IEALTH AND MENTAL HYC ICATE OF DEATH		. NO.		
1	(TYPE	CEASED NAME E OR PRINT)	FIRST C		MIDDLE	Riv	ne hart Si	20 DATE OF DEATH	1 MONTH	21-83	26 HOUR
9	3. SE	x m		4 RACE	\sim	5. DATE O	- 25 98	AGE (IN YEARS LAS	S YR	MONTHS DAYS	HOURS A
\$15		RTHPLACE (STATE OR COUNTRY) Pennsylva		USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CIT Anne			
53		in napoli	S		HOSPITAL, NURSING FACILITY, GIVE STREET AMERICAL		eral Hosp	Carpent		G LIFE) INDUSTRY	of BUSINESS nstru
35		AL RESIDENCE (IF NUR	13bACOU	PTY CO.	13CUYA PA		13d. INSIDE CITY LIMITS? YES NO 🔀	340 Bay	sard co	PG 207	11
H (miles		ers Name Frank	life	MIDDLE R	inehart		15. MOTHER'S MAIDEN NA Sarah	MIDDL		ulberts	son
medical		WAS DECEASED EVER YES NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	216-12			852 S P8 A. Rineh			Rd.
								-			
s any injury, ar other to	ICATION	PART 2. OTHER SIG	NIFICANT	conditions conditions	eloma	DEATH BUT	NOT RELATED TO THE TERM PID N WAS PERFORMED	AINAL DISEASE OR C	20h. IF	GIVEN IN PART I	INGS USED
ar Hem 18 shaws any injury, ar other tr	EDICAL CERTIFICATION	PART 2. OTHER SIG	INTERCANT OF THE PROPERTY IN CAUSE OF DE DICAL EXAMINE	CONDITIONS COME 19b COME 19b COME AIH HOUR A R) 21e PLACE	ONTRIBUTING TO	DEATH BUT CO HOPERATIO AY YEAR 19	PD IN WAS PERFORMED 21c HOW INJURY OCCUR	200 AUTOPSY? YES NO	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES 1 18. PART 1 OR PART 2)	INGS USED S OF DEATH? NO
m 21 is morked ar Hem 1	MEDICAL CERTIFICATION	PART 2. OTHER SIG	INTERCENT OF THE PROPERTY OF T	CONDITIONS COME 19b. COME 19b. COME 19b. COME AIH HOUR A HOUR A (AT HOME.S	ONTRIBUTING TO PLOMA DITION FOR WHICH OF INJURY A.M. MONTH D A.M. OF INJURY IREET, FACTORY, OFFICE.	DEATH BUT H OPERATIO AY YEAR 19 FARM ETC.)	211. LOCATION SIREE1 19 19 19 19 19 19 19 19 19	200 AUTOPSY? YES NO NO CITY OF	20b. IF IN CEI	YES, WERE FIND RTIFYING CAUSE YES 1 18 PART 1 OR PART 2)	STAIL
IMPORTANT: If Nem 21 is morked ar Nem 18 shaws any injury, ar other to	MEDICAL	PART 2. OTHER SIG	INTERCANT	CONDITIONS CE P 19b COME 19b COME AIH HOUR A P 21e PLACE (AT HOME. S Italian of the bed OR PRINT) OD LE	ONTRIBUTING TO PLOMA DITION FOR WHICH OF INJURY A.M. MONTH D A.M. OF INJURY TREET, FACTORY, OFFICE, I A general state of the stat	DEATH BUT H OPERATIO AY YEAR 19 FARM ETC.)	211. LOCATION SIREE1 19 3 nd that in my our) opinion DEGREE ATTENDING PHYSICIAN 224 ADDRESS	200 AUTOPSY? YES NO NO CITY OF	206. IF IN CEI I	YES, WERE FIND RTIFYING CAUSE YES 18 PART 1 OR PART 2) COUNTY 22c. DAT 1 Z/2	stal that (1) we e couses state E SIGNED

BP. DHMH - 16 50M 4/83 (VRA 15, 4)



TYPE

3. SE

72 hours ofter death

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CERTIFICATIO

MEDICAL

should be detached for use as the burial-transit permit. Then please remains the Dept of Health and Mental Human

If Item 21 is marked or lite

MPORTANT

ar attending physician

STATE OF MARYLAND

FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	
CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Lillian	J.	Schmidt	Dec	22,1983 12:15 A
X .	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
Female	White	April 25, 1891	92 YF	MONTHS DATS HOURS MIN
RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COU	NTY OF DEATH
Baltimore	USA	WIDOWED DIVORCED	1	Anne Arundel MD.
TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Annapolis		valescent Center	Housewife	11000111
AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN AA	OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N #13d INSIDE CITY LIMITS?	130. STREET ADDRESS	Road 21061
THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		
Montgomery	Johnson	n Elizabet	h	Marks

10	GO WAS DECEASED EVER IN U.S. ARMED FOI	(219-16-8095)	Betty S. Litz,	Same as 13	
	18 CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS!			Sume as 70	BETWEEN ONSET AND DEATH
	4292 DUI	to, or as a consequence of		MIA	
	gave rise to immediate cause (a), stating the underlying cause last.	ETO, OR AS A CONSEQUENCE OF	COTIC CARDION	ASCULAR DISCAL	6

POST PACE MAKER INSERTION

CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) CITY OR TOWN

22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive on a above, (1) (we) (did) (did not ond that in (my) (aur) apinion death occurred on the date and hour and from the couses stated

22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d PHYSICIAN SNAME (TYPE OR PRINT) WELLHAM AVE PUITE

GEORGE	KURIAN	GLENBUR	NIE, M	0. 21061	
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		236. NAME OF CEMETERY OR CREMATORY Lorraine Park Ce.m.	23d. LOCATION CITY OR TOWN	COUNTY	5
Duitai	74 DEC 1303	Lurraine Park Ce.ii.	Baltimore	Baltimore	

(VRA 15, 4)

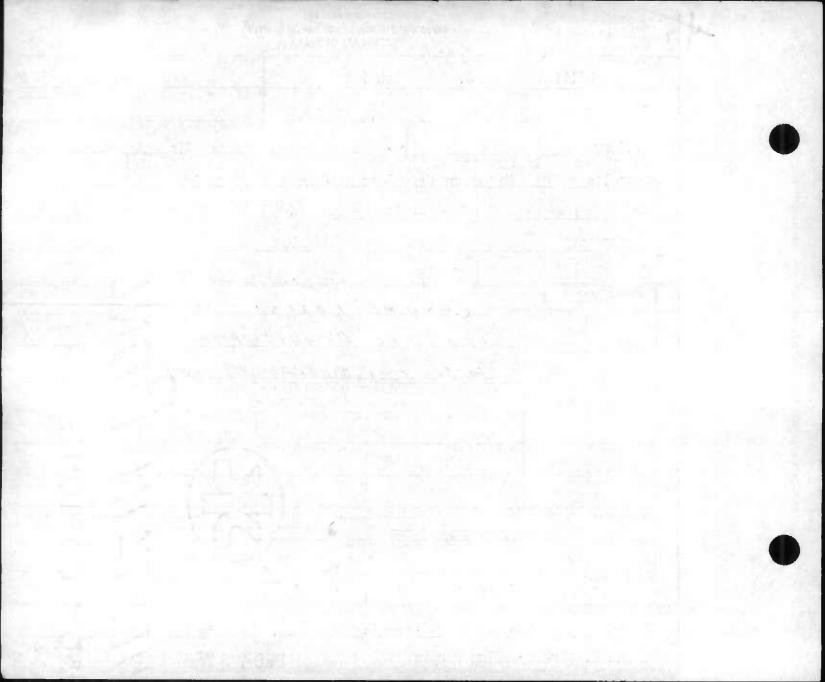
NOT WHILE

James S. Kirkley, Glen Burnie, MD

STATE

BP.

DHMH - 16 50M 1/81



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and ca should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other troumatic event, the

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

I	1 -	STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	0.		
Ì		EASED NAME FIRST OR PRINT) WESLEY	MIDDLE .	SEWE	LL	12/6/8	MONTH DA		735 A
l	3. SEX	MALE	WHITE	S. DATE OF	22 1968	6. AGE (IN YEARS LAST BIR	YRS	ONTHS DATS	IF UNDER 24 HRS HOURS MIN.
1	1	WARA	CITIZEN OF WHAT COUNTR	WIDOWED		PUNE F	Peur	DEL	MD.
	YE	DWWSULLE F	NAME OF HOSPITAL, NUR. THE NOT IN SUCH FAGILITY, GIVESTRE HIREFIELD	UPSING	HOME	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF POTESSI	F WORK NO IT E)		UAGES
1	13a. S	IND. HX	HUNA	Dohis	3d. INSIDE CITY LIMITS? YES NO X	2017 ELH	WOOD	RD.	21401
1	W	THER'S NAME THAT AM ENDE	DEWE	66	5. MOTHER'S MAIDEN NA	ME		SHIP	+H
	180 W	AS DECEASED EVER IN U.S. ARMEI	D FORCES? 166 SOCIAL SE AR OR DAYES! 264 8	7678	JOSEPHINE	G. SEL	UELL	#1	3
	1	18 CAUSE OF DEATH LEATER only of PART I. DEATH WAS CAUSED 8 HIMMEDIATE C	AUSE (0) CANOLIA DUE TO, OR AS A CONSEC	DUENCE OF	Lizatory le	mest.		GO (MATE INTERVAL ONSET AND DEATH
		Conditions, il any, which gave rise to immediate cause (a), stating the underlying cause lost.	147	DENCE OF	Cardis m	yspatty		Lea	,
	CATION	PART 2 OTHER SIGNIFICANT CON	196. CONDITION FOR WHI			200 AUTOPSY? 20b. IF YES,		, WERE FINDINGS USED YING CAUSES OF DEATH?	
	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY	DAY YEAR	216. HOW INJURY OCCUR		YES	RT I OR PART 2)	NO [
	MEC	WHILE NOT WHILE AT WORK 22a.1 certify that (1) this haspital)	(AT HOME, STREET, FACTORY, OFFI	N =	STREET 19. B	3 to Az L) WN	COUNTY	that(II)(we) lost
		sow the deceased alive on above (I)(we) (did) (did not) v	1111111111	8 B, one	I that in (our) opinion	death accurred on the a	late and haur	and Iram the	
		224 PHYSICIAN'S NAME (TYPE OR PR	Mattanix	De 114	ATTENDING	MEDICAL STA		10/0	5/83
		RAPRY R.	totaixor		51 Fraul	Elin St.	an	nssti	x, his.
	226 8	URIAL CREMATION REMOVAL	73b. DATE /	3()NAME OF CE	METERY OR CREMATORY	23d LOCATION		7	4 4

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82

BP

(VRA 15, 4)

campletely filled in by the full ond 2 should be filed with

CREMATION, REMOVAL

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236. DATE

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		1	٩L		- 4	o

1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
	CEASED NAME FIRST MERCE	E W SHO	CKEY SY.	2ª DATE OF DEATH MO	2-19-83 12:25	PM	
3. SE	MALE	WHITE 5. DATE OF MONTH 2		6. AGE (IN YEARS LAST BIRTHD		RS IN.	
	COLINTER) PA		DIMORCED [9 BALTIMORE CITY OR C	Ps.	MD.	
1	ANNAPOLIS	NAME OF HOSPITAL, NURSING HOME OF HOSPITAL OF HOSPITAL OF STREET ADDRESS)	N. HOSP	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		OR CO	
1Ju	STATE M.D. 136. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN ALO SEVELVA PR	YES NO NO	13e. STREET ADDRESS!	47 wood 78.		
14. F	JAMES AME	SHOCKEY	ELLEN	ELIZABETT	4 SIM SON		
	WAS DECEASED EVER IN U.S. ARMEI		EDWARD F	- SHOCKE	Y - SEVERWA PK 21	146	
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	/ . /	county Ch	nui"	BETWEEN GNSET AND DEAT	TH .	
	Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	yetive her-	failur	Yeen.		
	gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	hamei heed-	desciso	Yeer		
HON	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101						
CERTIFICATION	19E DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	YES NO YES NO				
10000	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21t. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IF	NITEM 18 PART 1 OR PART 2)		
MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE		

196 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORME	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
THE NOTE OF ALTHORS	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
22e. certify that (I) (this hospital) sow the deceased alive on abave, (I) {*** (I) (did not) vi	attended the deceased from, 1', and that in (my) (ever the body lafter death.	opinion death occurred an the d	ate and hour ond from the causes stated
276 SIGNATURE	DEGREE		27c. DATE SIGNED

CHURE

1220 ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

BURIAL CREMATION, REMOVAL SRIAL

23b. DATE

231, NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN
WOOD

DHMH - 16 50M 4/82

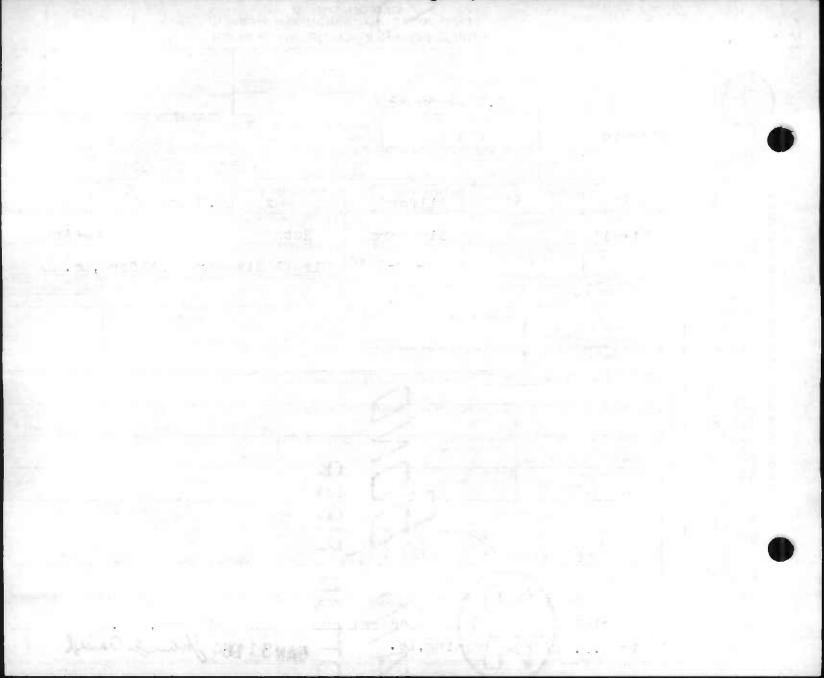
TO FUNERAL DIRECTOR, After should be detached for use as with the State Dept. of Health

TO HOSPITAL

MPORTANT: If them 21 is marked or by

(VRA 15, 4)

#5	1-	,15,FilmG589 FOR STATE		DEPARTMENT OF HEAL	MARYLAND IH AND MENTAL HYGI		050
7		REGISTRAR CEASED NAME FIRST	ME	DICAL EXAMINER'S	LAST LAST	REG. INC.	H DAY YEAR 75 HOUR
- /		E OR PRINT)	- 1		Sizemore	OF ESTI- DEATH MATED XXX	
3000	3 SEX	Dan.	LET 5 DATE OF BIRTH	C.			2-3 19 83 M
ON SERVICE SER	1	M W	Sept. 2	1, 1950 337 M°	NTHS DAYS HOURS MIN	PRONOUNCED DEAD	-24 1984 P. M
WITH WITH	CC	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	MAI	RRIED NEVER MARRIED	Anne Arundel	
PAGE STATE		everna Park	(IF NOT IN SUCH F	SPITAL, NURSING HOME, OR O ACILITY, GIVE STREET ADDRESS) Pk. Mall - in		FOR MOST OF WORKING LIFE Shi	
ANY DE AND 3 (POLID BROAD)	USU/ 13e S	TATE Dela No. COL	E OR OTHER INSTITUTION, G	13c. CITY OR TOWN Milford		STREET ADDRESS Rd. 3 Box 438	99995
MD 3	14. F/	ATHER'S NAME PIRST Virgil	WIDDLE	Sizemore	15. MOTHER'S MAIDEN NA		LAST
BALTIMORE S AFTER DE GIVE PAGE GIVE PAGES I ON WISION OK		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
BALTIN S AFTE GIVE P TITH FO PAGES VISION		[# 163, G	WAR OR DATES	222-36-305	6 Virgil Si	zemore Milfo	rd, De. RD
W. PRESTON ST D WITHIN 24 HOUR PENCIL IN ITEM 18. ANINER ALONG W -TRANSIT PERMIT. OR REMOVAL.		18. CAUSE OF DEATH (Enter PARTI DEATH WAS CAU 18. Canditions, if any, whi gave rise to immedic cause (a) stating the und lying cause last.	SED BY: IATE CAUSE (o) DUE TO, OF ch ife (b)	e far (a), (b), and (c).) Gunshot Wound (c) R AS A CONSEQUENCE OF	of Head (un	specified)	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
DIVISION OF VITAL RECORDS. 201 FR. THIS CERTIFICATE SHOULD BE EXECUTE ATE, WRITING THE WORD "PENDING" IN ORWARDED TO THE CHIEF MEDICAL EX- ORWARDED TO THE CHIEF MEDICAL EX- OR SHOULD BE USED AS A BURIAL ESTATE DEPARTMENT OF HEALTH AND ND, 21201 PRIOR TO BURIAL, CREMATION	NOI			BUT NOT RELATED TO THE TERMINAL DIST			
VITAL REC SHOULD E SORD "PEN CHIEF MI SE USED A SIT OF HEA SURIAL, CI	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH OPERATION			20 AUTOPSY? YES X NO
CERTIFICATE SHO TING THE WORD TING THE WORD TING THE WORD TO THE CHIL 3 SHOULD BE US PERARTMENT OF PROPER 1 PRIOR TO BURIN	CALCES	210 EXTERNAL CAUSE WAS UNDERLYING XXOR CONTRIBUTING CAUSE C	216 TIME O HOUR A.A OF DEATH ? P.A	M. MONTH DAY YEAR M. 12-3 19 83 ST	ubject was sho	NTER NATURE OF INJURY IN ITEM 18 PART I OR	PART 2)
DIVISI HIS CERT WRITING WRITING WATE DEP 1201 PRI	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	STREET, FAC	CTORY, FARM, ETC.)	ocation street everna Pk. Mal		county STATE IN A STATE
XAMIN ERTIFIC ID BE F WITH TH ARYLAN		228. I certify that I took chi death resulted from: No ACTUAL SIGNATURE	arge of the remains de utural causes	escribed abave, held an Aut Ascident , Suicide	TITLE (SPECIFY)	Inquiry , and in my ndetermined manner , DAT	1-26-84
TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL E AFTER DEATH BALTIMORE		EXAMINER'S NAME (TYPE OR PRINT)	The second second second	Smyth, M.D.	7,17,071,071	Penn Street	
G/164 BP	1	Burial Burial	ZIB DATE	Odd Pe	OR CREMATORY 13	Milford.Del	STATE STATE
DHMH - 17 (VR A15 ME (5))	10000	ppin F.H. C	1167 WY	oming, De.	HAN 3 1	BY REGISTRATION ISB REGISTRAN	Cohelf



STATE OF MARYLAND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely illied in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be than the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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MPORTANT: If Hem 21 is morked or them

CERTIFICATION

MEDICAL

DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 1 6 5 2
WIDDLE	AS1	20. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
5 A S	Smith	0	1. 24-83 10 pm
ACE S. DATE C		6 AGE (IN YEARS LAST BIRTH	DAY) # UNDER TYEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
TITIZEN OF WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
IISA WIDOWE		Anne Arı	indel MD.
NAME OF HOSPITAL, NURSING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATIO	N 126 KIND OF BUSINESS OR
nne Arundel Hosp	ital	Service -	- WGL CO
RINSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Lothian	136 INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS / Box 217	Wayson Mobile Ct.
Smith	Ann	MIDDLE	Gibbson
FORCES? 166 SOCIAL SECURITY NO. RORDATES) 578-09-1404	Ruth V. Sm	ith, Wife,	Same as Above
ne couse per line for (o), (b), and (c).) (c) AUSE (o) AUSE (o)	e cardio -	seip, fade	SETWEEN ONSET AND DEATH WEST
DUE TO, OR AS A CONSTOURNCE OF	Latt hep	0	1 wol
DUE TO, OR AS A CONSEQUENCE OF	0 1		
(c)			
DITIONS CONTRIBUTING TO DEATH BUT	CHF. Q	gavie &	TION GIVEN IN PART TION TO STAND THE
	(YES NO	M CERTIFYING CAUSES OF DEATH? YES NO
216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I ORPART?)
21e. PLACE OF INJURY	211. LOCATION	CITY OF LOW	N COUNTY STATE

190 DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING

attended the deceased from

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

and that in (my) (or

that (1) (we) lost opinion death accurred on the date and hour and from the causes stated

above the west did state of the body after death. 77% SIGNATORE

ATTENDING 22e. ADDRESS

MEDICAL STAFF PHYSICIAN | DIRECTOR | PHYSICIAN 22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED

NOT WHILE

Hospital Arundel Maryland Anne

230 BURIAL CREMATION, REMOVAL 236. DATE Burial 12-29-83

Jon Lowe, M.D.

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem

DEGREE

23d LOCATION CITY OR TOWN

COUNTY

24 FUNERAL DIRECTOR RObt E Funeral Home

22n.1 certify that 2

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

To. BIRTHPLACE

COUNTRY Wash.,

I STATE OR FOREIGN

D.

USUAL RESIDENCE (IF NURSING HOME OF OTHER IN 130, STATE

160 WAS DECEASED EVER IN U.S. ARMED FO

Conditions, if ony, which gave rise to immediate couse (o), stoting

underlying couse lost. PART 2. OTHER SIGNIFICANT CONDI

18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:

10. CITY OR TOWN OF DEATH

Annapolis

Md. 14 FATHER'S NAME FIRST

John

(YES, NO OR UNKNOWN)

Yes

7b. CIT

11. N

MIDDLE

(IF YES, GIVE WAR O

W.W.I

IMMEDIATE CAU

3 SEX

ADDRESS 4308 Suitland Wilhelm Rd., Suitland, Md.

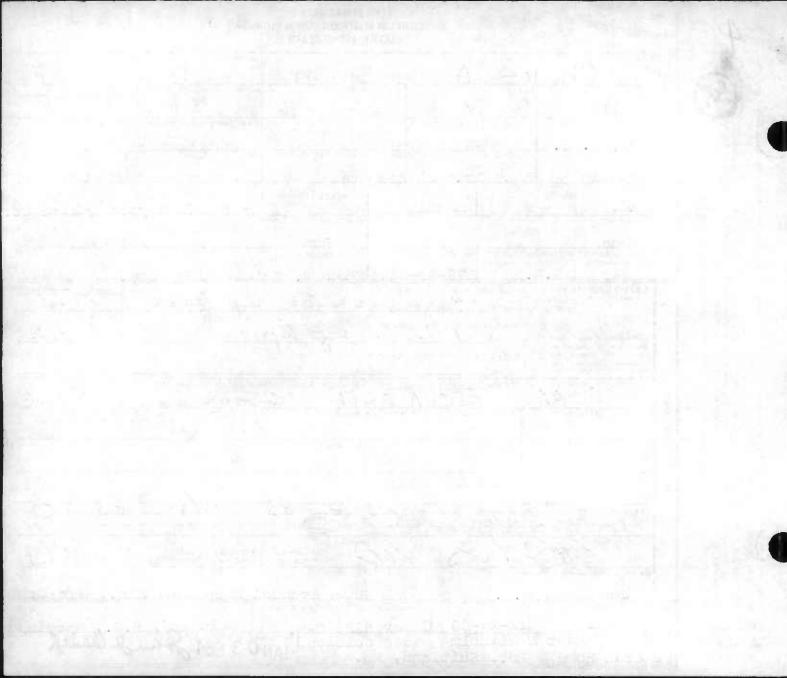
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Suitland G. Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

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HOSPITAL



OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the corbon popers. Poges should be detached for use as the burial-transit permit. Then please remove corbangapes with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. etained by the hospital or attending physicia

injury, or other traumatic event,

IMPORTANT: If hem 21 is marked or them 18 shows

	STATE OF MARYLAN
	DEPARTMENT OF HEALTH AND ME
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1-	STATE REGISTRAR		DEPARIMEN		ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST	vard	MIDDLE A -	Sh	nith	20 DATE OF DEATH MONTH	8-83	26 HOUR /2 2 A
3. SE:	m	1 RACE		MONTH	DE BIRTH	6 AGE (INYEARS LAST BIRTHDAY) YRS.	IF UNDER LYEAR	H UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	0.00	C A	MARRIE /IDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT		M
	ITY OR TOWN OF DEATH	11. NAME OF I		HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Chemist	12b. KIND C	OF BUSINESS OR
13a. S	ATHER'S NAME	.A.	GIVE RESIDENCE BEFORE ADV	MISSION)	13d. INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NAM		2161	
-	Andrew J. Smi		LAST 116b SOCIAL SECURIT	Y NO	Martha Wal	MIDDLE ADDRESS	EAS	51
		IVE WAR OR DATES)	160-09-55		Phyllis Wrigh	nt Chest	er, Md.	21619
2	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) DUE TO, O	R AS A CONSEQUENCE R AS A CONSEQUENCE ONTRIBUTING TO DEA	E OF WY	FLONWOCY I		SIVEN IN PART 1	1 YR
CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OP	PERATIO	N WAS PERFORMED	IDICER	TES, WERE FINDI	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	OF INJURY M. MONTH DAY M.	YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM II	8 PART I OR PART 2}	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a. I certify that Al (this has sow the accessed alive obove (1) (we) (did) (fild r 22b. SIGNATURE	Diview the body	2-7 19 8	3.0	DEGREE ATTENDING	death occurred on the date and h		tha (1) we) los e couses stated SIGNED
23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE

Burial BP

12-31-83 24 FUNE ALD ECTOR

Lakeview Memorial Park Greensboro

Guilford

N.C.

Greensboro, Md.

250. DATE REC'D. BY REGISTRAR 355 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

completely

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

BUTTON DECEASED EVER IN U.S. A NO UNKNOWN) (IFYES, G CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	4 RACE White 7b. CITIZEN OF V U.S. 11. NAME OF H (ANTHER INSTITUTION, ROLL) MIDDLE RMED FORCES? WE WAR OR DATES) only one couse per ED BY: ATE CAUSE (0)	GIVE RESIDENCE BEFORE ISC. CITY OR TOW Annapoli Ingram 16b. SOCIAL SECU 235 44 2 Ine for (o), (b), on- CARDIC	SMIT S. DATE C Jah MARRIEL WIDOWE GENERAL ADMISSION IS RITYNO. 2381	DE BIRTH 1. 31°, 1908 DE DIVORCED DE DIVORCED DE OTHER INSTITUTION 1. HOSPITAL 134. INSIDE CITY LIMITS? YES NO DE CITY LIMITS?	773409 anson Balt	PRESENTE OF WORKING LETTION OF W	Pittigington Bl	DF BUSINES:
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d. INJURY OCCURRED WHILE NOT WHILE NORK	21e. PLACE	OF INJURY	FARM, ETC)	211. LOCATION STREET	CITY OR	IOWN	COUNTY	\$17
a.1 certify that (1) (this has			83,0	29, 198 nd that in (my) (our) opinion	7 10	dote and ha		
b. SIGNATURE	n lem			ATTENDING PHYSICIAN				6,19
					Ave. Glen	Burn	nie, Man	ryland
frial	12/8/8	33 St	. Joh	n's Church Ce	em Beltsv		P.G.	Maryl
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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remove carbompopers. Pagaga with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR EST REG. NO 20. DATE OF DEATH MONTH DECEASED NAME MIDDLE 2b. HOUR (TYPE OR PRINT) DAISY SOCKRITER DECEMBER 1983 4. RACE 3. SEX June 15, 1908 White temale 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland WIDOWED DIVORCED ANNE ARUNDEL COUNTY CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 1.1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Domestic ARUNDEL HOSPITAL Housewile GLEN BURNIE USUAL RESIDENCE (IF NURSING HOURE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 STATE 136 COLY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 3710 Ninth Manuland YES X NO [L FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Unknown Unknown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST William H. Sockniter 1122 Wynbrook Rd no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY / IMMEDIATE CAUSE (a) DUE TO, OR AS AICONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a | certify that (1) (this haspital) attended the pleceased fram, saw the deceased alive an and that in (my) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 276. SIGNATURE 22c. DATE SIGNED DEGREE PHYSICIAN DIRECTOR PHYSICIAN [224 PHYSICIAN'S NAME (TYME OF PRINTS 22e ADDRESS AQUAHART ROAD BURNIE, MARYLAND 21061 NICK MOUTSOS 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY Burial Yler Haven Mem. DHMH - 16 50M 4/B2 Patapsco Ave.

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on ond co		VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? 16b SC	CIAL SECURITY NO.	Husba	Spriggs ADDRE	97 W. Bayf: Lothian, Md	ront Rd.
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DHMH - 16 50M 1/BI (VRA 15, 4)		INERAL DIRECTOR NAME encer E. Sewe	11 Box 31, B	ADDRESS rince Fred	lerick, Mark 1	9 1983	25b. REGISTRAR'S SIGNA	TURE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed with with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENT.	AL HYGIENE
CERTIFICATE OF DEAT	1

FOR STATE REGISTRÁR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NIAAAE . FIRST	• MIDDLE	LAST	20. DATE OF DEATH MONTH D	YEAR 26. HOUR
Lawrence	Anthony	Springfield	December 11	,1983 M
3. SEX 20 0	4. RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
Male	~, white	Jame 26 1902	YRS.	
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Benedict Md	U.S.A.	WIDOWED DIVORCED	Anne Arundel	
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
annapolis	Anne Arunde		chaffeur	U.S.N.A.
130. STATE 13b. COU	NTY 13c. CITY OR TOW	OOLIS YES NO X	13e. STREET ADDRESS 718 Monterey	Ave. 21401
14. FATHER'S NAME FIRST George Alexa	MIDDLE Washingto	on Springfield	Annie Laurie	Hurley
160 WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SECT		ADDRESS	
IYES, NO OR UNKNOWN) (IF YES, GI	ve war or dates) 216-44-	-5122 Mary E. Sp	ringfield same	
18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for ioi, (b), on	dy: 1 1		BETWEEN ONSET AND DEATH
	TE CAUSE (0) MCS	trad Obstruction	1	3 days
3/28	DUE TO, OR AS A CONSEQUE	. 10 10100	0.	6
Conditions, if ony, which gove rise to immediate	(b) Jash	on Kirnay 1)14s	aing) days.
cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF		
	11. 1. 1.	Punce's CLWhosis (Unmi venal fac	Luve -
OLYMIC HENET		PHNE'S COMMOSE, COMPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19		
OR CONTRIBUTING CAUSE OF DE	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
-	ital) attended the deceased from	11/8 19 1], 10	9 , that (I) (we) last
saw the deceased alive or above. (I) we (Idd) tiid o	at) view the body after death.	, and that in (my) (our) opinion	deoth occurred an the date and haur	ond from the causes stated
SIGNATURE	1226	DEGREE		221. DATE/SIGNED
Melle	vonta No	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/11/83
224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
23a BURIAL, CREMATION, REMOVA (SPECIFY) Rupial		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN 2 V Annanolis Md	COUNTY STATE

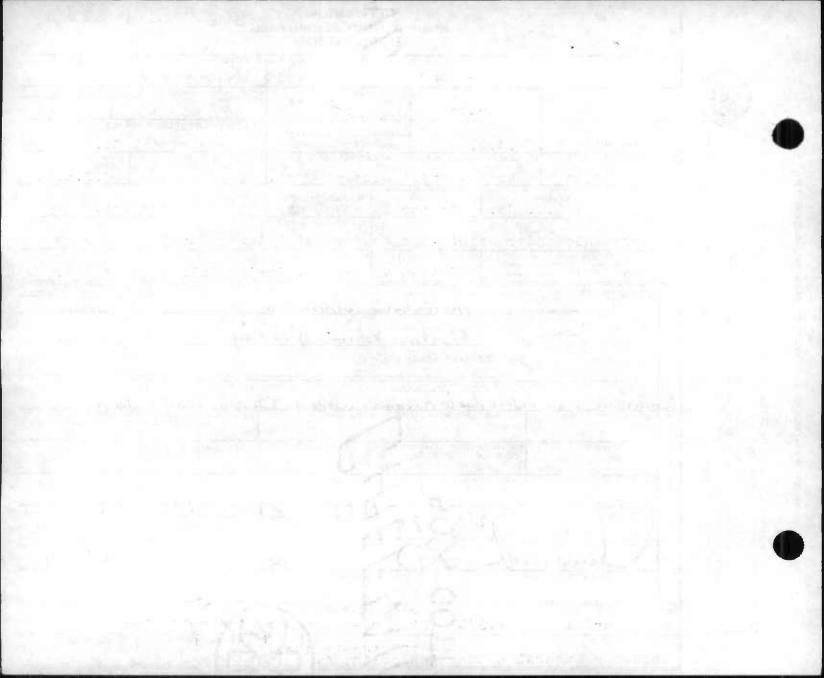
DHMH - 16 50M 4/82

etained by the haspital or ottending physicion.

24 FUNERAL DIRECTOR
NAME
Hardesty Fuenral Home (VRA 15, 4)

ADDRESS 12 Ridgely Annapolis, Md

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UNISION OF VITAL RECORDS, ACT W. TRESTON ST., DALLIMORE, MARTENIO L'AND	equires that the death certificate be
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5	CIA
	TAL OR ATTENDING PHYSICIAN The
2	S.
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	DR.
	TAL C
	=]

LAST

5. DATE OF BIRTH

WIDOWED

STATE OF MARYLAND
EPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH 26. HOUR DECEMBER 1983 IF UNDER I YEAR IF UNDER 24 HRS April 44 1907 76 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL DIVORCED [COUNTY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION

[TYPE B 23 2010 - 12 Act of working life] 176. KIND OF BUSINESS OR Own Farm Karner 13d. INSIDE CITY LIMITS? 903 Old Annapolis Rd YES [NO [15. MOTHER'S MAIDEN NAME MIDDLE LAST UNKNOWN ADDRESS 17. INFORMANT Norwood G. Stallings Jr. Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2)

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M

21e. PLACE OF INJURY

211 LOCATION STREET

CITY OR TOWN

COUNTY

STATE

220.1 certify that (I) (this hospital) attended the deceosed from saw the deceased alive on abave, (I) wel (Vid) (did not) view the bady after death.

RHODES

DEGREE ATTENDING

STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

22d. PHYSICIAN'S NAME ITYPE OF PRINT

NOT WHILE AT WORK

22e ADDRESS

1667 CROFTON CENTER

CROETON MARYLAND 2111 23d LOCATION

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NA.	MEGEC	FARETER	VOR	PEAAA	TORY
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Uit	egar	HIL		:em	

Zurnyo md 2073 JAN

Buitland P G Maryland

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR

TYPE OR PRINT!

3. SEX

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2

CERTIFICATION

MEDICAL

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exo

DECEASED NAME

Male

Maryland

USUAL RESIDENCE III

Maryland

14 FATHER'S NAME

IN BIRTHPLACE I STATE OR FOREIGN

10. CITY OR TOWN OF DEATH

GLEN BURNTE

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDITIONS

Canditians, if any, which gave rise to immediate couse (o), stating the

underlying couse last

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

226. SIGNATURE

(YES, NO OR UNKNOWNO | (IF YES, NOWAR OR DATES)

FIRST

NORWOOD

4 RACE

White

USA

Anne Arundel Annapolis

Joseph Dole Stallings LAST

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

JAMEDIATE CAUSE (a)

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

NORTH ARUNDEL HOSPITAL

166 SOCIAL SECURITY NO

Unknown

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

15 1983^{23c}

230 BURIAL CREMATION, REMOVAL

DHMH - 16 50M 4/82 (VRA 15, 4)

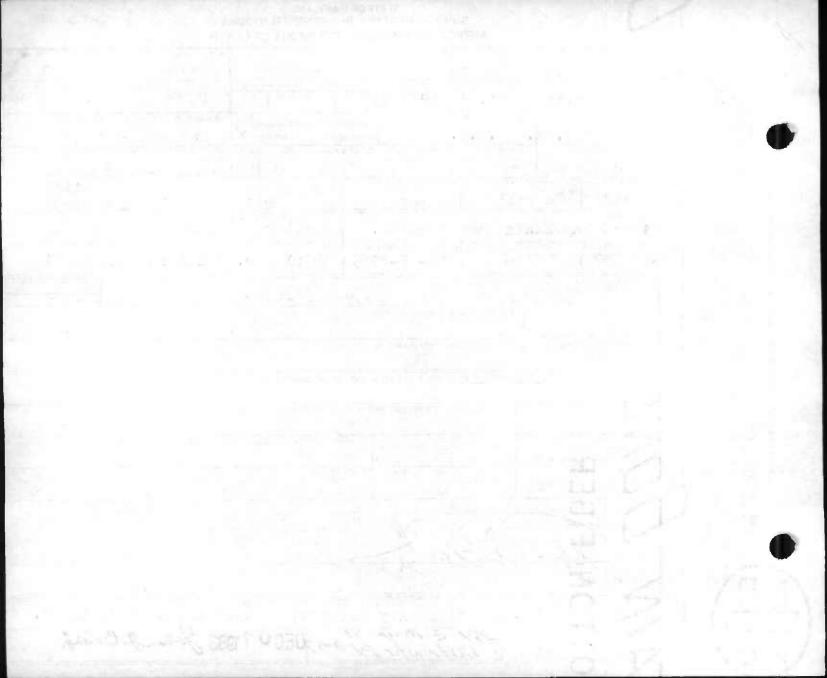
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STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Ü

3

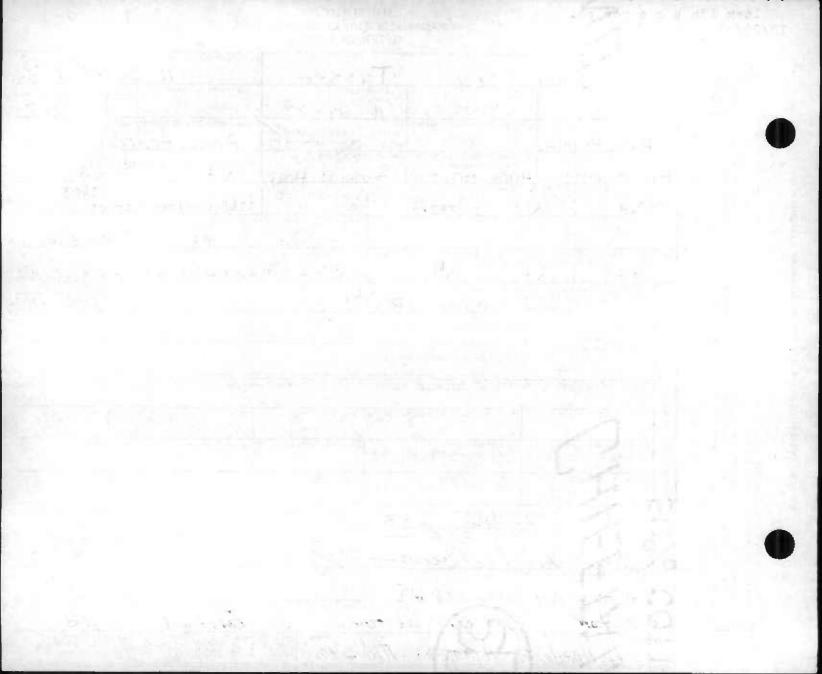
	STATE REGISTRAR		MED	ICAL EXAMIN	ER'S CE	RTIFICATE	OF DE	ATH	REG. NO	o.		
	EASED NAME	FIRST		WIDDLE	ĮA.	sť		2a. DATE OF	KNOWN X	MONTH		EAR 26 HOUR
		Elwood	l R	ay		mbaugh,	Jr.		MATED [3 19	83
3. SEX		Thite '	Sept. 1		MONTHS	DAYS HOURS	R 24 HRS.	PRONOUN DE AC	NCED	12	3 19	83 4:10
/ FOR	RTHPLACE (STATE OF REIGN COUNTRY) Mettysbu		U.S.A		8 MARRIED WIDOWED	NEVER MAR	RIED CED			_	County	
	Y OR TOWN OF D			TAL, NURSING HOME	, OR OTHER		12a US		PATION (TYP			F BUSINESS
G.	len Burni	e /		undel Hosp	ital					West	ingho	
13a. ST		PL COUNTY Carr		residence before admission in the community of town westmins	13	d INSIDE (ITY LIMITS?	13e STR	EET ADDRI	ttle	stow	211 n Pik	
4. FA	THER'S NAME LEWOOD I	Ray XXX	i es Stan	nbaugh Sr	15	Shiffley	DEN NAME		Maar		llisc	
160. W	/AS DECEASED EVE S, NO, OR UNKNOWN) O	R IN U.S. ARMED		219-68-8		Shirle	y w.	Cull	ADDRESS ison		e as	#13
7	8902 Canditions, if gave rise to cause (a) statis lying cause las	any, which immediate ng the <u>under</u>	DUE TO, OR A	e and soot S A CONSEQUENCE O	OF OF			n mor	noxide	into	xicat	ion
IFICATIO	19a. DATE OF OPE	RATION	19b. CONDITIO	ON FOR WHICH OPER	ATION WAS	PERFORMED?					20 AUTC	
MEDICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING D CONTRIBUTING D 21d INJURY OCCU	XOR CAUSE OF DEA	110 PLACE OF	12 3 19 8	2		RED LENTER	NATURE OF IN				STATE
2	WHILE AT WORK	WORK		house	1924	Norwich	Rd.	Glen	Burni	e .	A.A.	Md.
	220 I certify the death resulted to ACTUAL SIGNATURE	Natural of	en o	Zow to	Autopsy	Hamicide TITLE (SPECIFY) Deputy C	Unde hiefer		anner .	DATE SIGNI	_{ED} 12	2/4/83
230 BI	(TYPE OR PRINT)			. Smith, M			[23d] 10	CATION	st.			
15	Burial		2 / 02	Mana and the	- T - + + 1	hanon	TATA	FYMOP 49	nster	Car	roll	Md.
	INERAL DIRECTOR	1.4		estainster		Inc. Dir	COT COM	V DEC ICE	Ans. pro	ICTD-DIC	Child line	-



1	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
	CEASED NAME THE STEE	SA KAThleen	TABOR	26. DATE OF DEATH MONTH DAY YEAR 26 HOUR 12 28 83 25 HOUR
3. SE	Female	CAUC.	S. DATE OF BIRTH MONTH DAY YEAR 31 97	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR GONDER 24 HR MONTHS DAYS HOURS MIN
	IRTHPLACE (STATE OR FOREIGN COUNTRY) BLIN IRELAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF COUNTY OF DEATH ANNE ARLICOE L
t at the position of the control of	CROFTON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATION 126 KIND OF BUSINESSA TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY
7 4 130	AL RESIDENCE LIF NURSING HOME OR STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	130 STREET ADDRESS 2140.
mpletely ond 2 sh	ATHER'S NAME Edward	MET Kell	15. MOTHER'S MAIDEN NAMED FIRST	
		MED FORCES? 166. SOCIAL SECON 579 - 44-	RITY NO. 17. INFORMANT	TADOY SUNNYVALE CA. 940
l by the ottending physic coose remove corbonopopolosic of, cremotion, or removoli r other troumotic event, th	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ralized life	unclewis years.
n signed Then pled r to buriol injury, or	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110
nos beer permit. Ne prio Ne pr	196. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO NO NO
ond Mental I ked or Item I ked or I ked or Item I ked or I ked o	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IN EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AND WHILE OF THE PROPERTY OF THE	TH HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM IS PART T OR PART 2) CITY OR TOWN COUNTY STATE
r the hospital or of AL DIRECTOR: After detached for use os t at Dept. of Health If: # Hem.21 is mork	22a.1 certify that (1) (this hospi	tol) offended the deceosed from 25 19 10 10 10 10 10 10 10 10 10 10 10 10 10	DEGREE	death occurred on the date and hour and from the couses stated AEDICAL STAFF
TO FUNERAL Should be detr with the Stote MPORTANT: I	224 PHYSICIAN'S NAME ITYPE	PRANK L	1220 ADDRESS AT A T	The Hy blus Buns up 2/6

DHMH - 16 50M 4/B2 (VRA 15, 4) Eineand It Kelly Theread I stolene Nath No I Was a Commence of the Medical States of the Little Starting - Bry K. Lewis Hilliand Elica Me

tem 13a k 9/83	1-	e per ph. FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B	
		CEASED NAME FIRST Baby	Boy Black	Tasker S. DATE OF BIRTH MONTH DAY - 83	6. AGE (IN YEARS LAST BIR	YRS. MONTHS DAYS HOURS MIN.
by the funeral in filed within 72 box notified at once	10. C	RTHPLACE (STATE OR FOREIGN COUNTRY) Anne Arundel ITY OR TOWN OF DEATH MARDOLIS	AMP HONO	MARRIED NEVER MARRIED MORCED DIVORCED DIVORCED NEVER INSTITUTION MARRIED MARRIED MARRIED MORCED DIVORCED DIVORCED DIVORCED MARRIED MARRIED	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
red within 24 omplessely fills upril 2 should examine my	M 14. FA	THER'S NAME	MDDLE LAST	13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA FIRST		son Street TASVER
rrificate be ex-		IB. CAUSE OF DEATH (Enter of PART), DEATH WAS CAUSE	IMED FORCES? 166. SOCIAL SE VE WAR OR DATES) HIND ON COUSE PET line for (a), (b), (b) BY: TE CAUSE (a) MAFT DUE TO, OR AS A CONSECUENCY (b)	1185-2-1V	TZ YASKAD	Ann 4080 MD 21403 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 HRS 8HIM
ow requires that the been signed by the mit. Then pleose rem prior to buriol, cremo	CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
3 PHYSICIAN: The intending physicion re this certificate the buriol-tronsit ond Mentol Hygies certon in Table	MEDICAL CERTIF	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETIMEN NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK A WORK	HOUR A.M. MONTH	19 211. LOCATION	YES NO RRED (ENTER NATURE OF INJU	
HOSPITAL OR ATTENDING by the hospitol or FUNERAL DIRECTOR: A solid be detoched for use, the Stote Dept. of Health the Stote Dept. of Health the Stote Dept.	24076	220.1 certify that (1) (this hosp	7	DEGREE TENDING PHYSICIAN ADDRESS	, 10	te and hour and from the couses stated 22c DAE SIGN D 21c DAE SIGN D 33
BP	CA	BURIAL, CREMATION, REMOVAL COMA HUN UNERAL DIRECTOR		Westurew	23d LOCATION CITY OF TOWN THE REC'D. BY REGISTRAR 1083	COUNTY M. STATE



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	IE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	1. DECEASED NAME FIRST	MIDDLE	LAST	28 DATE OF DEATH MONTH O	AY YEAR	h HOUR
	HARRU	L. Tho	MASON	12-24	-83	6:20 PM
	3 SEX	RACE	5. DATE OF BIRTH			IF UNDER 24 HRS
	I IVIALE (AUCASIAN	9-15-88	95 YRS		
11	CQUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	-	
7	Nebraska		WIDOWED DIVORCED	Anne Arundel	4	MD.
8	4	NAME OF HOSPITAL, NURSING WHOT IN SUCH FACILITY, GIVE STREET ADI		17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY	business or un
Vi	ISUAL RESIDENCE (IF NURSING HOMEOROTH) 130 STATE Anne A	13 CITY OR TOWN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE	21146	
5.	14. FATHER'S NAME		15. MOTHER'S MAIDEN NA			
D	John Ho	, ,,,	on Catherine	Goden	Land	is
T	160 WAS DECEASED EVER IN U.S. ARMED			ADDRESS		
	No N/A	259-32-5	352 John Thompso	on same as 13 E		
	18. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED BY		IC),†		BETWEEN ON	ATE INTERVAL
	IMMEDIATE C	1.4. 0.0.0	una		mam.	edito
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN	ent obstinction	7	11	
	gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A JONSEQUEN	then of food		n	
		Perosclesosis	Divolets welli	linal disease or condition give	en part lio	
?	Taveral at 19a Date OF OPERATION Tacember 14, 1983 21a, accident was underlying	Janemene 1	PERATION WAS PERFORMED	IN CERTIF	, WERE FINDING YING CAUSES O	
Ì	OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		C (1) 11 11 11	
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARA	M.ETC) STREET	CITY OR TOWN	COUNTY	STATE

abave, (I) (was) (did) (did not) view the body after death
27b. SIGN (1) (ii)

22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an December 24, 19

DEGREE

ATTENDING MEDIC

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (and) opinion death accurred an the date and have and from the causes stated

Dec 25, 198.

224 PHYSICIAN'S NAME TYPE OF PRINT

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY
Burial 12-29-83 Wasatch Mem. Pak.

23d LOCATION

Utah

DHMH - 16 50M 4/83 (VRA 15, 4)

ould be detached for use as the five State Dept, of Health

FUNERAL DIRECTOR

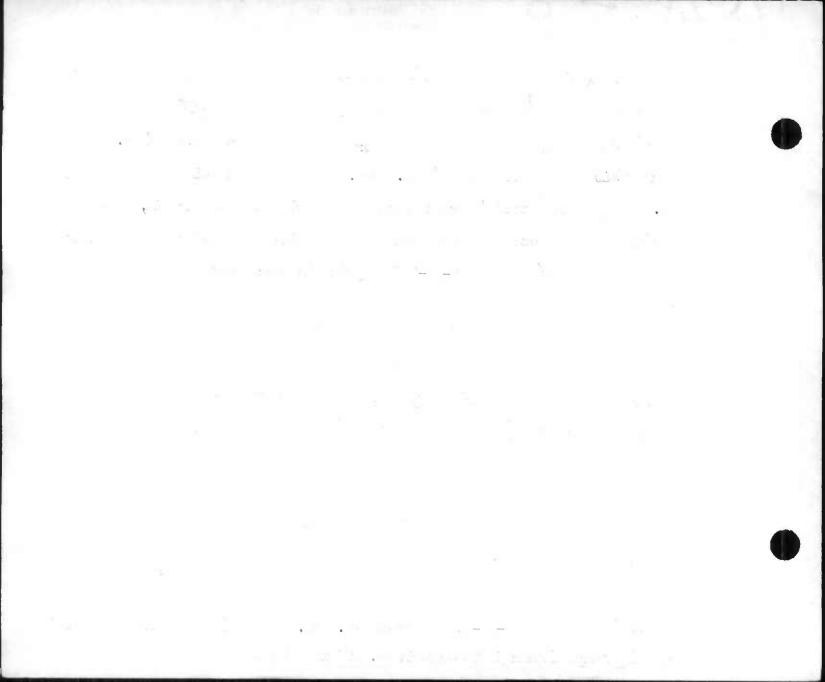
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njury, ar other troumotic event, th

c Cully Funeral Home 3204 Mountain Rd. 21122

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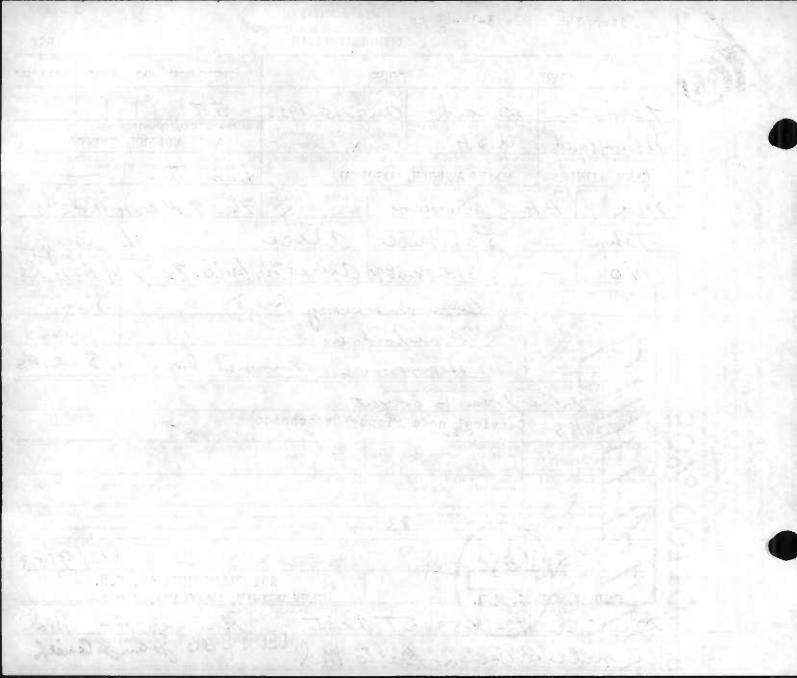


-	R	TATE EGISTRAR EASED NAME · EIRST	MI	EDICAL EXAMI	NER'S CERTIFI	CATE OF DE	REO. IV		YEAR 75 HOLL
Sept. 1		EleAn	IOR	S.	Tomes		OF ESTI- DEATH MATED	19	YEAR 26. HOU
	SEX Fe	emale White	5. DATE OF BIRTH		YEARS IF UNDER 1 YR. HDAY) MONTHS DAYS RS.	HOURS MIN	PRONOUNCED DEAD	12 29 8	3 2/5
35	a Bis	THPLACE IMATE OF	76. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED NI	EVER MARRIED DIVORCED		OR COUNTY OF DEA	TH
4	2/	EN BUSHIS	11. NAME OF HO	SPITAL, NURSING HOP	ME, OR OTHER INSTITU	JTION 126 U	SUAL OCCUPATION (TY OR MOST OF WORKING LIFE)	YPE OF WORK 12b. KIND OR IN	of Business Dustry Lper Box
5	JSUA 3e ST		OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMIS		CITY LIMITS? 13e. S	TREET ADDRESS COLOR	Ridge	
50	4.FA	HER'S NAME	WIDDLE	LAST	15. MOTH	ER'S MAIDEN NAM	ME MIDDLE	LAST	
	12. W {YE	AS DECEASED EVER IN U.S. A 6, NO, OR UNKNOWN) {IF YES, GP	RMED FORCES? /e war or dates)	Gregor 166. SOCIAL SECUR 220-18-4	ITY NO. 17 INFOR		Appres Gree ea 5403 McNe	Rychars ensboro, N(airy Road	27405
		Conditions, it ony, whice gove rise to immedio cause (a) stating the <u>underlying cause last</u> .	te (b)	r as a consequenci					
			en Ted	Hyp	per tens	10 N			
		196. DATE OF OPERATION	PA TED	HYP DITION FOR WHILE DE	per tens	10 N		20 AUTO	
	CERTIFICATION	196. DATE OF OPERATION 218 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE O	19b. CONE 19b. TIME CHOUR A. F DEATH P.	DITION FOR WHILE OF	DEV TENE RATION WAS PERFOI AR 216 HOW INJUR	RMED?	ER NATURE OF INJURY IN ITEM 11	YES	
	DICAL CERTIFICATION	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	19b. COND 19b. COND 21b TIME C HOUR A. F DEATH P. 21c PLACE	DE INJURY M. MONTH DAY YE	PER TENS ERATION WAS PERFO	RMED?	ER MATURE OF INJURY IN ITEM IS	YES	
773	MEDICAL CERTIFICATION	196. DATE OF OPERATION 216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 216 INJURY OCCURRED WHILE NOT WHILE AT WORK 226 L certify that I took cha	19b. COND 19b. COND 21b TIME C HOUR A. F DEATH P. 21e PLACE STREET, FA	DITION FOR WHILE PROPERTY OF THE PROPERTY OF T	PLEV TRUE PRATION WAS PERFOI AR 216 HOW INJUR 216 LOCATION STREET Autopsy Solicide, Hom TITLE (Inspection A	CITY OR JOWN	YES	NO STATE
773	MEDICAL CERTIFICATION	19e. DATE OF OPERATION 21e EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22e I certify that I taak cha death resulted fram: Not	PEATH P. 21b TIME CHOUR A. F DEATH P. 21c PLACE STREET, FA rge of the remains di urol couses D.	DITION FOR WHITE PROPERTY OF INJURY M. MONTH DAY YE. M. 19 E OF INJURY (ATHOME, CTORY, FARM, ETC.) escribed obove, held on Accident	PLEV TRUE PRATION WAS PERFOI AR 216 HOW INJUR 216 LOCATION STREET Autopsy Solicide, Hom TITLE (Inspection Specify) Modern Market Ma	Inquiry . , o	COUNTY DATE SIGNED YES A COUNTY	STATE

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Total Survey State of the State all the comment was to surface for the PETER US TRAFFER ETTE DE STRUCK Cardone Bries To William Pigeon Kapaty 1255 William P. Jourson Gas America Const mass

1	,	FOR Item 19b &	22a 3-14-84 C DEPAR	IMENI OI HEALIN AND MENIALINIO	IENE	9 9
1300	Ľ	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	EST
A CON		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	16. DAIL OF BEATT	DAY YEAR 2b. HOUR
疑例()		PEARL		TYLER	DECEMBER 09,	
	3. SE	7. 1.	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Day of	70 B)	RTHPLACE (STATE OR FOREIGN.	76 CITIZEN OF WHAT COUNTRY	aug. 15 1928	9. BALTIMORE CITY OR COUNTY	OFDEATH
in 72.	7	Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEI	
The furth	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE		12g USUAL OCCUPATION (17g) OF WORK FOR MOST WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
file file	USU	GLEN BURNIE	NORTH ARUNDE	EL HOSPITAL	Domestic	2714
should be		nd 14	7 Seve	WN 13d. INSIDE CITY LIMITS?	13-STREET ADDRESS, WBY	ARL
mpletely ond 2 sh	14. FA		MIODLE RP LASS	15. MOTHER'S MAIDEN NA	ME MIDOLE	A LAST
S lo	16n V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS	every by
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by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	yessess bolling	on allowy	8 horsely
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been mit. T	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	ch operation was reformen osc	O 200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
hos hos	TIFE	5/26/83	Cervical nod	e blops, bloweres		YING CAUSES OF DEATH?
ficot frons Hyg 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
rent lento	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19		
er this the bu ond M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
Aft.	18		ital) attended/the deceased from	, 19	, to	19, that (i) (we) last
for cof H	6	sow the deceased alive on above, (I) (we) (did) (did no	ot) view the body offer death.	, and that in (my) (our) opinion of	death occurred on the date and hour	ond from the couses stated
Ched Ched Dept F Herr	2	226. SIGNATURE	20 1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
RAI deto		224 PHYSICIAN'S NAME (PPE	those into	PHYSICIAN	PHYSICIAN	149/83
with the S MPORTA		226. PHISICIAN S NAME (MPEC	OR PRINT)	80	11 CRAIN HIGHWAY,	S.E.
should with the	73n F	DATIT T CHE		NAME OF CEMETERY OR CREMATORY	NIE MARYIAND 2	1061
P	8	Burial.	12-14-83	ST Rest	HONOUS !	AA mal
- 16 50M 4/82	24. F)	MERAL DIRECTOR	A 10 - A ADDRESS	R O+ 40 0 25 UE	PRECIO. DE REGISTRATION OF THE PROPERTY OF THE	RARS HONDURE
VRA 15, 4)	1	unice !	J. Cracen- 8	Carro. III a	/	A 90



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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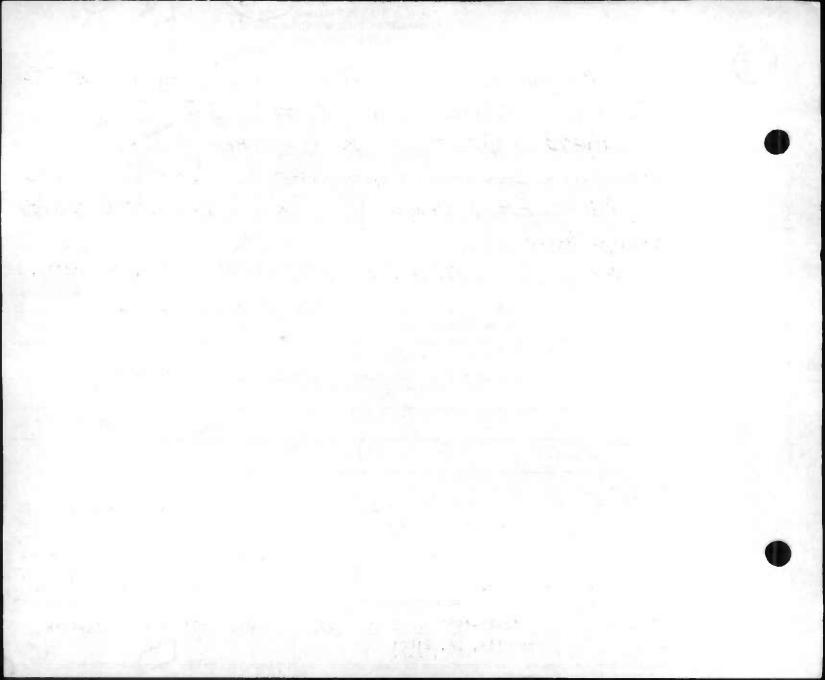
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH		0		•		
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RECIOR: After this certificate has been signed by the attending physician and completely lilled in the thresal directors of for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shalled by Lind entire 17 from plan of the other hand. em 21 is marked or frem 18 shows any injury, or other troumatic event, the medicol ex nospital or attending physicion.

TO HOSPITAL OR	retoined by the	TO FUNERAL DIS	should be detach	with the Stote De	IMPORTANT: # IF
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	TYPE	CEASED NAME FIRST OR PRINT) MATQUE	ri40	Ü	1.119	2a D		month day	YEAR 21	7 5 M
-	3 SEX	Female	White CITIZEN OF WHAT CO	5 DATE C MONTH	DAY. YE	78	85	YRS	HS DAYS F	FUNDER 24 HRS HOURS MIN
9	C	Marian 8	1. NAME OF HOSPITAL	MARRIED WIDOWE	DIVORCE	ED A	nne Ar	undel		MD BUSINESS OR
6	C	rounsuille	(IF NOT IN SUCH FACILITY, C	E HOSPI	tal Cente		OF WORK FOR MOST O	F WORKING LIFE)	NDUSTRY	ONE
5	13a S	MD 136 COUNT		or town	13d INSIDE CITY LIA	X	DEA	le M	02	0751
0	6	eorge Mosher		LAST		JNKNOWN	WIDDLE	1	IAST	
1		VAS DECEXSED EVER IN U.S. ARM yes, no or unknown) (IF yes, give v		11 SECURITY NO. 112-6713	CROWNSVII	LLE HOS	ADDRE			
	4	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED HMMEDIATE HID O Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CO	DNSEQUENCE OF	Cor NOT RELATED TO TH	a Cock	D - DISEASE OR CONI	OL PELL		ATE INTERVAL
DICAL CERTIFICATION	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATION	N WAS PERFORMED	20a	AUTOPSY?	206 IF YES, WE IN CERTIFYING YES	CAUSES OF	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.	NTH DAY YEAR 19	21c. HOW INJURY	OCCURRED (E		<u>.</u>		
	WE	WHILE AT WORK NOT WHILE 220.1 certify that (I) (this hospito sow the deceased alive an above, (I) (we) (did) (did not 27b. SIGNATURE	view the body ofter dec	ed from 7 = 5		DING . MEI		19 one one one	from the co	
	22 0		SEW	122 NAME OF C		own		1,050	ixal	confe
	Î	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	12-27-1983		ON NATIONA	AL CENE			Virgi	
	VIII	UNERAL DIRECTOR LLTAM REESE & AND	ns Mortuary	24401		ZSa. DATE REC'I	D. BY REGISTRAR	736. REGISTRAR		will



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICAIE OF DEATH	REG. N	10.			
	CEASED NAME FIRST	MIDDLE	_ 1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
Elvis	DEMENTS OTT	0	LON SO	hade R		12 22	83	1119 PM	
3. 5E	X.	4 RACE	5. DATE C		6. AGE (IN YEARS LAST B		IDER I YEAR	IF UNDER 24 HRS	
n	Dale	White	Dec	1 1888	95	YRS.	HS DAYS	HOURS MIN.	
7a Bl	RTHEPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	HTASC		
r	ND C	USA	WIDOWE		Anne	Arur	idel	MD,	
10, CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120. USUAL OCCUPAT		26. KIND OF	F BUSINESS OR	
E	dgewater	Measant	Living C	on Center	Carpent	er	Const	ruction	
DSU/	AL PELIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESI	Y OR TOWN	134. INSIDE CITY LIMITS?	13. STREET ADDRESS	101	210	12	
1	DD H	H	nold	YES NO DE	350 Fre	shtield	Lav	ne	
14. FA	THER'S NAME	MIDDLE \	unst 1	15. MOTHER'S MAIDEN N	AME	7	PRAST	1	
_	John	Von S	chracer	Dophi	ì	3	リ、ナン	zel	
16a V		VE WAR CONTES)	CIAL SECURITY NO.	17. INFORMANT		ESS 344 Fre	shfi	eld La.	
	ies iui	UT BIK	2-10-7494	Voris 10	rdham-t	Pplount	NUS	1012	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		11 NTINE	- Honnt	Earline	-	BETWEEN	NATE INTERVAL	
	IMMEDIA	TE CAUSE (a)	1665/IVE	newly 1	ullune				
	7280	DUE TO, OR AS A	ONSEQUENCE OF						
	Canditians, if any, which gave rise to immediate	(b)							
	cause (a), stating the underlying cause lost.								
	BART 2 OTHER CICALIFICANT	(c)							
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
1	19a DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WE			
CERTIFICATION	NONE		-		YES NO X	YES	TIFYING CAUSES OF DEATH?		
8	210. ACCIDENT WAS UNDERLYING	T 4400110 A 44 444		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1			
	OR CONTRIBUTING CAUSE OF DE	71	N/A 19	N	/A.				
MEDICAL	214 INJURY OCCUPRED	21e. PLACE OF INJU	ORY OFFICE FARM, ETC.)	21f LOCATION	CITY OR T	OWN	COUNTY	STATE	
2	AT WORK	(ATTAME: STATE OF	NIA	N/A	- 10/	1	00		
	220.1 certify that (1) (this hosp	1.1 / //	red fram	, 19 8	3, 10 /2/	19_	83,1	ha(11)(we) last	
	sow the deceased olive or abave, (1) (we) (did) (did no	at view the body after de	eath.	nd that in 🙀 (aur) apinion	n death occurred on the				
	226. SIGNATURE	11. 111.	1.0 Mi	DEGREE	AAEDICAI ST		22c DATES	AGNED 102	
	INVIV	us wal	on me		MEDICAL STA	ICIAN 🗆	10/0	23/83	
	22d. PHYSICIAN'S NAME (TYPE	1 1 44 . 11	ma	220 ADDRESS	1. 7	7	O AX	ENOLD,	
	THOMAS IN	. WASH,	,111)	209 Pen.	inbula h	uem N	OMO	Md.	
	BURIAL, CREMATION, REMOVAL	. 236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CUYPRIOWN	0 100	UNTY	- THATE	
10	Junial	Dec. 27.19	13 WO	adlawn	Walto.	Dalto	2	UID	
24 5	NERAL DIRECTOR	1 11 1	O RESS	1250. DE	TE REC'D. BY REGISTRA	RIZSE REGISTRAR	SSIGNATU	JRE :	
110	aylor lunera	1 Chapela	Hnnapoli	12' MM DE	4 0 1903	10 lun	y la	help	

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN, The

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should be detached for use as the bu with the State Dept. of Health and M MPORTANT: If Nem 21 is marked or

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STATE OF MAKILAND							
DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ENÈ						
LAST	20. DA						

1-	FOR STATE REGISTRAR			DEF		EALTH AND MEN			G. NO.			
	CEASED NAME	FIRST	,	AIDDLE	l.	AST		20. DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR	
(TANE	OR PRINT)	CATHE	RINE	В	WALLAC	E		DEC.	25	1983	11:30AM	
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	Female	10.00	Whit	e	Ma	v 6 19	15	68	YRS	MONTHS DATS	HOURS MIN.	
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	COUNTRY) Washington	n D C	U.S.	Δ	WIDOWE		CED 🗍	Anne Ar	undel		MD.	
10. C	ITY OR TOWN OF DE		1. NAME OF	OSPITAL, N	URSING HOME C	OR OTHER INSTITU		12ª USUAL OCCU	PATION		F BUSINESS OR	
1.0	Annapo		Anne A	runde]		l Hospita	1	Sectry			Govt.	
13a. S	AL RESIDENCE (IF NUR	13b COUNT		13t. CITY OF		13d INSIDE CITY I	LIMITS?	13e STREET ADDRI	ESS			
N	laryland	Anne	Arundel	Shac	dy Side	YESMX NO		1200 Gr:	iner La	ane (2	20764)	
14. F.A	ATHER'S NAME	M	IDDLE	LAS	5.1	15. MOTHER'S MA		AE MIDE) I F	IAS	T	
	John	_		uscher		Antoin				McLaugh	nlin	
	VAS DECEASED EVER			16b. SOCIAL	SECURITY NO.	17 INFORMANT	Husb	and A	DDRESS			
(NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	579 18	3 0764	David H			Same a	as #13		
	18. CAUSE OF DEAT	TH (Enter only	one couse per							APPROXI	MATE INTERVAL ONSET AND DEATH	
	PART I. DE ATH V	VAS CAUSED	BY:			iratory A	rrest				diate	
	4038											
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which				Cardio V	ascul	ar Disea	Se	3 V	ears		
	gove rise to immediate			1111111						2012 5		
	couse (a), stating the underlying couse lost.			SEQUENCE OF	Line B	shou	ld be HY	PERT EN	SIVE			
	PART 2 OTHER SIG	NIFICANT	ONDITION (c)	NIMETIN	G TO DEATH BUT	NOW RELATED TO	THE TERMI	NAL DISEASE OF	CONDITION	SIVEN IN PART I		
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IFIC			1000						IN CER	TIFYING CAUSES	OF DEATH?	
ERT	21g ACCIDENT WAS UN	IDERLYING	21b, TIME O	F IN IURY		171r HOW IN IUR	Y OCCUPRI	YES NO			NO []	
0	OR CONTRIBUTING		110110		H DAY YEAR		, occoun	ED (ENIER NATURE OF	INJURI IN IIEM	o ran ronrantz)		
ICA	(IF EITHER NOTIFY MED		P.		19	21f LOCATION				-		
MED		MILE	(AT HOME, STE		OFFICE, FARM, ETC)	STREET		CHY	OR TOWN	COUNTY	STATE	
	AT WORK AT WO	ORK		100	A.	1	. 80	Dec.	25	13		
	22a I certify that (1) (this hospita	Dog 2	e deceased	0.0	-	9	, 10		19	that (I) (we) last	
	saw the direct	did) (did not)	yiewhe body	ofter death.			r) opinion d	leath occurred on t	he dote and h			
	114 SeftyOrg	11	. /		ha	DEGREE	NDING	MEDICAL	STAFE	22c. DATE		
	7//100	ATTENDING MEDICAL STAFF PHYSICIAN ADDIRECTOR PHYSICIAN						Dec. 2	26 1983			
	22d. PHYSICIAN'S N	AME (THEOR	PRINTS			22e ADDRESS						
	E. Stua	rt Lyd	dane M.	D.		3066	Str	eet, N.W	. /Wash	. D. C.		
23a. l	BURIAL, CREMATION		23b. DATE		23c NAME OF C	EMETERY OR CREA		23d LOCATION				
	BURI	AL	Dec28	1983	Arling	ton Natio	onal	Arli	ngton '	Virginia	STATE	
24 FI	UNERAL DIFF TOR	DeVol	Fineral	Home	/ 2222 W	isc Ave		REC'D. BY REGIST		TRAR'S SIGNAT	URE	
	So Toler	TA.	200	Wash	ington D	. C.	J	AN 4 19	384	alung.	Court	

DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove continuously. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certified

retained by the hospital ar attending physician

injury, or other troumatic event, the

IMPORTANT: If them 21 is marked or Item 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR (TYRE OR PRINT) Webb 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR -emale 5 1918 AUG au To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Maryland Anne Arundel County WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR HOUSEWIFE WORKING LIFE KIMBROUGH ARMY COMMUNITY HOSPITAL Anne Arundel Co. JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d INSIDE CITY LIMITS? 8131 Crispin Ct. 2100 Anne Arandel Glen Burnie Maryland YES TO NO TA 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Ander son Woodward Cora DuLaney Joseph Lester Stephen WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Daughter - 1124 Indian River Landing Road NO Millersville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Carcinoma Carcinoma Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSPOUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? KION YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 2 120 (and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MODICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MELTON MEDONC 23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 12-6-83 Arlington Nat. Cem. Arrighaton Vaniv Burial 250 DATE REC'D. BY REGISTRAR 256 MEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

T.A. Hardesty

Annapolis Maryland

DEC 5 - 1983

John S. Colarel A

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 having the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other froumotic event, the medical event

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	STATE OF MARTLAN
FOR	DEPARTMENT OF HEALTH AND MI
STATE	
REGISTRAR	CERTIFICATE OF DE

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REGISTRAR				CERTIF	ICATE OF DE	AIN	RF	G. NO.			E	
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	WILLIA	Critici	LAND	WHETZ			DECE	BER	04	1983	071	PM
3 SEX	4.	RACE		5. DATE C		YEAR	6 AGE (IN YEARS LA	AST BIRTHOAY)	IF UN	OER I YEAR	IF UNDER	MIN.
Male		White		Sep		1910	73	3 YI	RS			
70 BIRTHPLACE (STATE (OR FOREIGN 76	CITIZEN OF WH	AT COUNTRY?	MARRIE	NEVER MA	ARRIED -	9 BALTIMORE CI	_				
Pennsylv		U.S.	Α.	WIDOWE		DRCED	ANNI	E ARUN	DEL (COUNT	Y	MD.
GLEN BUR	NIE	NAME OF HOS				UTION	12a USUAL OCCU LIVPE OF WORK FOR A Securit		NG LIFE). ard	NOUSTRY West		
USUAL RESIDENCE (IF NO 130 STATE Md .	136 COUNTY	130	E RESIDENCE BEFOR C. CITY OR TOV Pasade	VN		10 X	13e STREET ADDR	Rive.	rsid	le Dr	. 2	1122
William	MID	Whe	etzlar		Alli	.quapp	oa Mior		Will	iams.		
160 WAS DECEASED EVI (YES NO OR UNKNOWN) YES	I IF YES GIVE W	AR OR DATEST	SOCIAL SECT	7.1	Mrs.		wife)	odress etzla:	r	Same		#13
18 CAUSE OF DEA	WAS CAUSED E	AUSE IO	ile My	scand		auti	М			APPROXIA BETWEEN O	NSET AND I	AL DEATH
Conditions, if or gove rise to i couse (0), sto underlying cou	mmediate ting the	DUE TO, OR A			u Hec	I Di	trase		2	infor	um	
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190. DATE OF OPER	RATION	19b. CONDITIO	N FOR WHICH	OPERATION	N WAS PERFOR	MED	200 AUTOPSY?	IN CE		RE FINDING CAUSES (1?
OR CONTRIBUTING	CAUSE OF DEATH	216. TIME OF IN HOUR A.M. P.M.		AY YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE O	F INJURY IN ITEM	A 18 PART I	OR PART 2)		
AT WORK AT V	WHILE D		FACTORY OFFICE	FARM, ETC)	21f LOCATION		CITY	OR TOWN	(OUNTY	51	ATE
22a.t certify that sow the dece above, (1) (we		offended the di		83 , on	d that in (my) (e	p) opinion d	eoth occurred on t	- 22 he dote ond	hour and		hot (I) (ouses stol	
226 SIGNATURE Celtu	Land	oful (4. 20	5		ENDING TYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN [22c. DATE S	IGNED	3
22d. PHYSICIAN'S		ORD MD			22e ADDRESS	29 SADENA	34 MOUNTA					
230 BURIAL, CREMATION ISPECTION		8 Dec.	_		METERY OR CR Haven	EMATORY	23d LOCATION Pk. Gle	VN.	co	A.A.	Md	ATE
Singletor	R. Cy	ulm cal Hom	ADDRESS B Gler	Bur	nie Ma	25a DATE	REC'D. BY REGIST	RAR 256 REG				**

DHMH - 16 50M 1/81 (VRA 15, 4)

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retained by the haspital or attending physician.

Takin in the second of the sec A car in a part of the part of the control of the c The state of the s The transfer of the second particular CONTRACTOR OF THE PROPERTY OF of director, page 3 (2 hours ofter death

death. Page 4 may be

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ADDRESS

- STATE REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
DECEASED NAME TYPE OR PRINT)	ERT S. W	IER	20 DATE OF DEATH MONTH	10 - 8 2 2 AM
MALE		OF BIRTH TH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 74 HRS
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY OR COUP	NTY OF DEATH MD.
EVERNA PK	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION 65 PD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN SUPERVISE)	IZE KIND OF BUSINESS OF INDUSTRY ELECTION
SUAL RESIDENCE (IF NURSING HOME O 36. STATE 136. COU	NOTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION NTY 136. CITY OR TOWN PIL A. CO. SEVERNA PIL	13d, INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	65 RD -1141
FATHER'S NAME FIRST Release	Middle Wier	15. MOTHER'S MAIDEN NA.	F-RAWCES	SCHENKEL
	NE WAR OF DATES) VE WAR OF DATES) THE WAR OF DATES) THE WAR OF DATES AND THE WAR OF DATES	17 INFORMANT	A R. WIER	- ABOUE
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF, (b) DUE TO, OR AS A CONSEQUENCE OF, (c) CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	GIVEN IN PART TO
		ON WASTERIORNED		RTIFYING CAUSES OF DEATH? YES NO
OR CONTRIBUTION CONTRACTOR OF OF	HOUR A.M. MONTH DAY YEAR	?	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OEPAST 2)
IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a. I certify that (I) (this hasp sow the docessed alive or above. (I) were said i aid in 17a. SIGNATURE	of view the backgrotter death	, 19	, to	, 19, that (II (we) lost hour and from the couses stated 22c. DATE SIGNED
30. SURIAL CREMATION, REMOVAL	1 236 DATE 236, NAME OF	CEMETERY OR CREMATORY	23d. LOGATION CIT OR TOWN	1 ROLFO STATE
DURIAL	1-1170 1 1000D	LAU W CEM.	accommend	(2)

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DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and compl should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

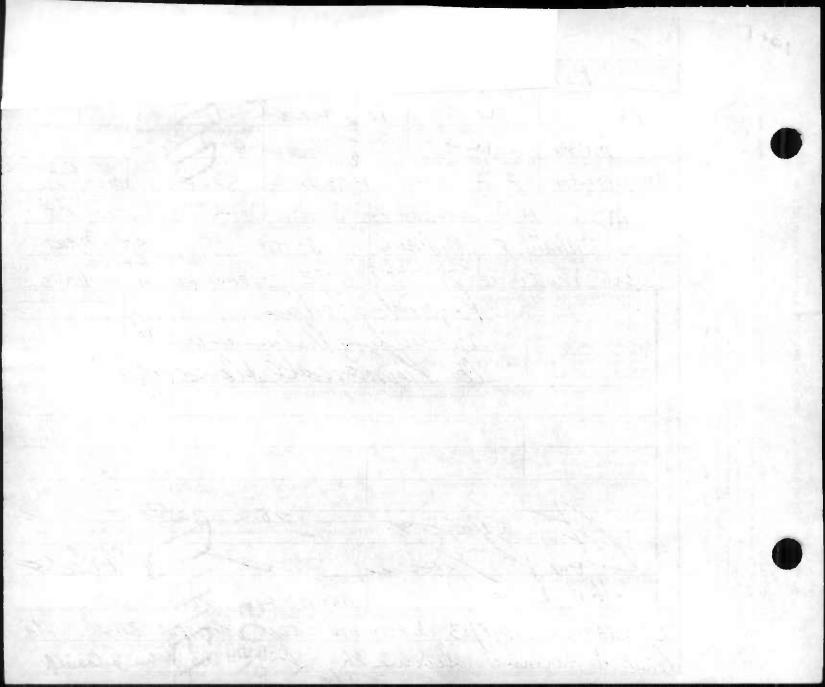
MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumotic event, the medical way

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the hospital or attending physician.

The state of the s and the state of t The second second

1	1.	FOR STATE REGISTRAR	DEPAR	STAIL TMENT OF HEALTH AGE CERTIFICATE OF DEATH	-ANE	2
oge 3		CEASED NAME PIRST	ORT S.	Williams	20 DATE OF DEATH MONTH	DAY YEAR 78 HOUR -83 12 6 M
	3. SE	M	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) VRS	MONTHS DATS HOURS MIN.
19938		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED DEVERMARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF COUNTY	TY OF DEATH MD.
by the filled with	A	NNAPOLIS	(IF NOT IN SUCH FACILITY, GIVE STRE	EN. HOSD,	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF PUSINESS OR INDUSTRY PLASTIC
2 should be in	USU. 13a. S	AL RESIDENCE (IF NURSING HOMF OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY A B CITY OR TO SEVER	WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	
and 2 sh	14. FA	ATHER'S NAME FIRST WILLIAM	MIDDLE F WILLIAM	AUS PUT	AME MIDDLE	STEWART .
Pages :			MED FORCEST 166 SOCIAL SEC	URITY NO. 17 INFORMANT	JEAN LE IT	ABOVE 4 Williams
is signed by the untending. Then please remove carbon is buriol, cremation, or retinition, or other traumatic existincy, or other traumatic existincy.	NOI	Conditions, if any, which give rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (DUE TO, OR MA CONSEQUENCE ON DEED ON THE TO CONTRIBUTING TO	infuz prod	A COULOGO MINAL DISEASE OR CONDITIONS	See M. IIa.
dan. Por be- ere prio	CERTIFICATION	IN DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	70s. AUTOPSY? 70s. IF Y	TES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
g physic certificate instructional entral Hyg leen 18 sh	1000	2) E. ACCEDENT WAS UNDERLYING. [OR CONTRIBUTING [] CAUSE OF DEA (IF ETHER HOTET MEDICAL EXAMINES	HOUR A.M. MONTH	DAY YEAR 19	RRED (2NT) PNATURE OF HARRY IN USER 1	B FART (CREWART 2)
her this on the but he but he but he but he but her bu	MEDICAL	MANUE OCCURRED	21s. PLACE OF INJURY 1AT HOME, STREET, FACTORS, OFFICE	THE LOCATION STREET	CITY OF TOWN	COUNTY STATE
CTOR A 1 for une of Health		saw the deceased alive on	tal) attended the Occased from		b to blee on the date and h	19 that (it (per fast our and from the causes stated
ned by the horozonia by the horozonia biland be detoched to the State Dept.		776 SIGNATURE	A PERUTI	DEGREE ATTENDING PHYSICIAN	MEDIENT STAFF	by Contestanted
TO FUNE should be suffithe 8	23u. 1	HIRIAL CREMATION, REMOVAL	DWE /	ANNAPO	LIE MA	21401
BP	1	PENATION A	17/6/83 1	UBSIVIEW CREA	WESTVIEW	BALTO HA
I - 16 50M 4/83 VRA 15, 4)	to	prime 9 0	ranco Sev	one the most	10 9 1983 Jac	ud Conied



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STATE OF MARYLAND							
DEPARTMEN	NT OF	HEAL	TH	AND	MENTAL	HYGIEN	E
(FRT	IFICA	ATE	OF	DEATH		

1.	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	
{TYP	CEASED NAME FIRST MARY	MIDDLE	Willson	12-16	9-83 6 15 M
3. SE	Female	1. RACE LAHIFE	5 DATE OF BIRTH	57 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN.
n	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	Pane An	indel MD.
5	AL RESIDENCE (IF NURSING HOME OR	Anne Arunde	el General Hospita	ETYPE OF WORK FOR MOST OF WORKING LIFE	12b KIND OF BUSINESS OR HOUSTRY
130 S	ATHER'S NAME	13 CITY OR TO		14480Muddy	Creek Rd
	J. Elm	er Stoke	s Sadeli	·a MIDDLE	arrisón
		RMED FORCES? VE WAR OR DATES)	Leonard	Willson	#13
	PART I. DEATH WAS CAUSE			eart Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Quell
AL CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	TH OPERATION WAS PERFORMED DAY YEAR 216 HOW INJURY OCC		WERE FINDINGS USED YING CAUSES OF DEATH?
MEDICAL		P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE atol) ottended the deceosed from View the body after death.	n 11/28 19 8	CITY OR TOWN 12/16 on death occurred on the date and hour	
	22d PHYSICIAN'S NAME (TYPE O	W Coleus	DEGREE ATTENDING PHYSICIAN		12/16/83

230. BURIAL, CREMATION, REMOVAL

COLE ILL

FRANKLIN ST

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should E with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item

Taylor Funeral Chapel-Annapolis, MI

1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEC 20 1983

Conclusion of the second of the second of - warman I a store throught Consent Harris Linear refer Thomas -LA VISO, AND MORREY X. THE LESSON H. LOW LOW. E14 modulate breezested _ E-21 6H Comment of the second of the s an HA structured transfer desired larger The Committee of the Co

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ely filled in by the funeral director, page 3 should be filed within 72 hours after death

STATE OF MARYLAND

	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	3 1	0 /	6.1
	1. DECEASED NAME FIRST (TYPE OR PRINT) FRANCE		kham U	VingAte	/ /	2-1-8	3 - 26 HO	am
	3. SEX	1 RACE	5 DATE C	-19AY LEAR	6 AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS	R 24 HRS
	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wingate Md.	U.S.A.	MARRIE	DIVORCED	Anne Arus		ATH	MD.
2	Annapolis d.	11. NAME OF HOSPITAL, I AF NOT IN SUCH FACILITY, GN Anne Arun	NURSING HOME COVESTREET ADDRESS) del Gen	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12b		IESS OR
-	USUAL RESIDENCE IN NURSING HOME OR 130 STATE 13b. COUN A . A .	TY CO. 13 CITY O	CE BEFORE ADMISSION) R TOWN NIAN	134. INSIDE CITY LIMITS?	13e STREET ADDRESS / 76 Owen:		Rd.	711
1	Charles Millar	d Meade Wi		Cornelia	Auril.		cNamar	a
	160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) Yes WW	WAR OR DATEST	14-1363	Bonnie P.	Wingate	76 Owen Lothian	sville Md.	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTIN	NSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONT	DITION GIVEN IN	PARI 110	
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20h. IF YES, WER IN CERTIFYING YES		TH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE AT WORK AT WORK 220. I certify that (1) Ithis hospit sow the deceased alive above/(1) we) (did //did no) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF	P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, tol) attended the deceased 1//30 N view the body after death	OFFICE, FARM, ETC.) from 19 3 , or	211. LOCATION STREET 211. LOCATION STREET And that in my lour) apinion DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	city OR TO to death occurred an the do MEDICAL STAI DIRECTOR PHYSIC	wn co	ounty 3, that (II) Irom the causes s 20. DATE SIGNED 12/1/8	
	EW COL	E 111 236. DATE	23t. NAME OF C	51 FRANKL	23d LOCATION	NAPOLI	•	
	(SPECHY) Burial	12/4/83	Chris	t Episcopal	West	River, M	ďd.	STATE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician

DHMH - 16 50M 4/B3 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 an with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other traumatic event, the medical

> 24 FUNERAL DIRECTOR
> Hardesty 120mRidgely Ave. Funeral Home Annapolis,Md.

250 DATEREC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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and 2 should

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH CERTIFICATE		GIENE REG. NO	0.		
	1. DECEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	PETEI	e S.	WIN	ITERS		12 12	83	1150
d	3 SEX	4. RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
H	MALE	CAUCASIAN	MONTH 12	20 /4	68	YRS.	HS DATS	HOURS MIN.
١	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY2 8		9 BALTIMORE CITY O		DEATH	
1	-DCOUNTRY)	11. 0.	MARRIED AN	IEVER MARRIED	n n	1.00		
H	TOLAND TO CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO		DIVORCED ER INSTITUTION	120. USUAL OCCUPATI	ON	2h KIND C	MD. OF BUSINESS OR
9	ANNAPOLIS	ANDE ARUNDEL	STREELADDRESS)	HOSPITAL	MACHINES MACHINES	F WORKING LIFE	NDUSTRY	PATTERNS
	USUAL RESIDENCE (# NURSING HOME OF 130. STATE 135 COU			SIDE CITY LIMITS?	13e STREET ADDRESS			21012
1		APUNDEL ARN		_	1 1	H GNRL	ILLS	APT. 302
7	14. FATHER'S NAME		15. MC	THER'S MAIDEN NA			1	1
/	PETER	MASIL	EWSKI	ANTOINE	MIDDLE		(UN	KNOWN
i	160 WAS DECEASED EVER IN U.S. A		SECURITY NO. 17. INI	FORMANT	ADDRE	iss /	- 1	20
	(YES NO OR UNKNOWN) IF YES, G	IVE WAR OR DATES	10-6296 H	FLEN H.	WINEERS	(SAM	E AS	(13)
1		only one couse per line for (a), (b)		E EEN 11.	· Inneco			MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUS	SED 8Y:	00 . 0	enocaro	2	4/40		ONAP C
ı	IMMEDIA	ATE CAUSE (0) Prosa	6 -			1100	Voc	D WANT
ı	1579	DUE TO, OR AS A CONS	SEQUENCE OF G	I trac	ct			
	Conditions, if any, which gove rise to immediate	(b)						
H	couse (o), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF					
1		(c)						
		CONDITIONS CONTRIBUTING		vostva		DITION GIVEN I	N PART 1	0
Н	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	1,6		20g AUTOPSY?	20b IF YES, WI	ERE FINDIN	NGS USED
ı	38				V55 🖂 NO 🖂	IN CERTIFYING	G CAUSES	OF DEATH?
-	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	171c. H	OW INJURY OCCUR	RRED (ENTER NATURE OF INJU	YES _	OR PART 71	NO []
	ON CONTRACTOR TO CHURS OF DE			ON WOOK! OCCO!	CHES LEWISH WATORS OF 11470	STIN HEM TO PART T	ON PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMIN		19	CATION				
	(IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF		STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK NOT WHILE AT WORK		0	1 -10	12/	17	C-2	-
		pital) ottended the deceased for			10 10	195	0)	that (I) (we) lost
	sow the deceased alive	view the body offer death.	19 S., and that	(my) our) opinion	n death occurred on the de	ate and hour an	d from the	causes stated
	SIGNATURE	710	DEGREE		THE YES		22c. DATE	SIGNED
	Hams	(X	~ M-0	ATTENDING PHYSICIAN	MEDICAL STAT		12	12/83
	OR PHYSICIAN'S NAME (THE	CEPHOL	22e. A	DDRESS		1 8 4		
) James	Chacon	as Is	-21 R13	talis Hu	YA	vus	Some
	236 BURIAL, CREMATION, REMOVA	L 23h DATE	234. NAME OF CEMETER	RY OR CREMATORY	23d LOCATION			
	CREMATIC	ONI .	WESTVIEW	CREMATER	WESTVIET	1 16	MOR	E MP.
	24. FUNERAL DIRECTOR		4 4 .	250. DA	ATE REC'D. BY REGISTRA	b REGISTRAR		
	P. J. NAME K.	ADDI	RESS O. C. T	- 44 DEC	4 64000		1	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been slaved by the should be detached for use as the buriol-trong from the fibre best of Health and Mental Hygines prior to therefore with the State Dept. of Health and Mental Hygines prior to therefore IMPORTANT: If them 21 is morked or them 18 those conventors, or amental

TO HOSPITAL OR ATTENDING PHYSICIAN: THE retained by the hospital or attending physic 12/12 12/12 13 Cherry THE PROPERTY OF THE PROPERTY OF THE PARTY OF Sent Charles I will said to the the color of the March Commence of the Commence Miles Some Sound Court Will a 1869 John & Court &

njury, or other troum

as the burial-transit permit. Then p th and Mental Hygiene priar ta bur

should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR:

IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG		3	10	EST
. DE	CEASED NAME	FIRST	. A	NIDDLE	L/	AST	REG. NO		DAY YEAR	12b. HOUR
(TYP)	E OR PRINT)	RTLE		LAREN	E WI	SE	DECEMBER	1, 19	983	10:00A
. SE	Х	4	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		FUNDER LYEAR	IF UNDER 24 HRS
	Female		White		Jar		88	YRS.	NOTHING DATE	MIN.
	IRTHPLACE (STATE OR F	OREIGN 7	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Altoona P	a .	U.S	Α.	WIDOWE	ALC: N	ANNE AR	UNDEL	COUNTY	MD
_	ITY OR TOWN OF DEA	-	1. NAME OF H	OSPITAL, NURSIN	G HOME O	R OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS OR
	GLEN BURN	E		RTH ARUN		OSPITAL	Homemake			Home
	AL RESIDENCE (IF NURSI		THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		4		OWII	HOME
	Md.	A . A		Odento:		13d. INSIDE CITY LIMITS? YES ☐ NO 🎇	546 Rit	a Dr.	211	113
4. F	ATHER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA	ANDDIE		LAS	t
	William	H	I. S	Snyder		Virgini	a		mebaug	gh
	WAS DECEASED EVER		WAR OR DATES	166 SOCIAL SECU	RITY NO.		aughter ^A DORE			
	No		Va	211-18-	-4796	Mrs. Virg	inia Sherm	nan	Same	As13
	18 CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS CONSEQUENCE OF							+	SETWEEN	MATE INTERVAL DNSET AND DEATH
	underlying cause	last.	(6)	AS A CONSEQUE	The	heart -	allere			
NOI	PART 2 OTHER SIGN	TONK	ONDITIONS CO	entributing to D	EATH BUT	NOT REPATED TO THE TERM	NINAL DISEASE OR CON	DITION GIV	EN IN PART LE	יג
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		, WERE FINDIN YING CAUSES S	
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATI	HOUR A./	A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	EY IN ITEM 18 PA	ART I OR PART 2)	- 6
MEDICAL	21d. INJURY OCCURR		21e PLACE C	OF INJURY EET, FACTORY OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I)	(this hospito	ol) attended the	deceased fram_			, to		19	that (I) (we) last
	saw the decease above, (I) (we) (d	d olive on_	view the bady	ofter death.	, on	d that in (my) (our) opinion	death accurred on the de	ate and hour	and from the	causes stated
	22b. SIGNATURE			dels		DEGREE			22c. DATE	SIGNED
	1500			0 6	1	ATTENDING	MEDICAL STAI	PF CIANI	12	11/83

224 PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

7422 BALTIMORE-ANNAPOLIS BLVD.

BASANT K. KHANDELWAL, M.D. GLEN BURNIE, MARYLAND 21061 Memorial Pk
250. DATE REC'D. 231. NAME OF CEMETERY OR CREMATORY 23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23d. LOCATION CITY OF TOWN Bellwood

COUNTY Bla

Singleton DHMH - 16 50M 4/82 (VRA 15, 4)

"Funeral"Home Glen Burnie Md

Dec.

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Circle Cours and a second seco

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STATE OF MARYLAND

FOR STATE REGISTRAR			DEPARTN).		
CEASED NAME OR PRINT)	REDE		Lee	a	boolford Sr.	2e. DATE OF DEATH	12-2	1 83	354 3 AM
Male	4.	RACE	white			6 AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
RTHPLACE (STATE OR F	OREIGN 7t	USA	WHAT COUNTRY?						MD
nnapolis						LITYPE OF WORK FOR MOST OF	WORKING LIFE		
AL RESIDENCE (IF NURS)	13A COUNT	CO.	GIVE RESIDENCE BEFORE 13. CITY OR TOWN Annapol	is	13d. INSIDE CITY LIMITS? YES NO (X	130. STREET ADDRESS 114 Rose	lawn	Rd.2	1403
arrison	Alex	ähder	Woolfor	d Sr		MIDDLE	Ka	utz '^	.51
VAS DECEASED EVER YES. NO OR UNKNOWN) YES	(IF YES, GIVE V	WAR OR DATES)			Betty Woo		SS		
PART I. DEATH W 4100 Conditions, if ony, gove rise to imm couse (0), statin	MAS CAUSED IMMEDIATE which nedicte g the	BY: CAUSE (a) DUE TO, OF	Cavelle As aconseque	NCE OF	Arvest - cardial In	farction -		BETWEEN / /2	RIMARE INTERVAL GINSET AND DEATH W-
					ON WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	, WERE FINDI YING CAUSES	INGS USED
OR CONTRIBUTING CIFE EITHER NOTIFY MEDIC 11d. IN JURY OCCURE WMILE NOT WHAT WORK NOT WELL WAS NOT WE	CAUSE OF DEATH CAL EXAMINER) RED ILLE (this hospital ded olive an did) (did nat)	HOUR A.I. P.I. 21e. PLACE (IAT HOME STR II) ottended the view the body	M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FI OFFICE OFFICE, FI 19	19 ARM, ETC)	31F LOCATION STREET	CITY OR TOV LID death occurred on the do	ete and hour	COUNTY 19	state that (I) (we) lost e couses stated E SIGNED 2//83-
	STATE REGISTRAR CEASED NAME OR PRINT) A 1 e RTHPLACE (STATE OR F CHARTY) 1 and TY OR TOWN OF DEA IN A PO 1 is AL RESIDENCE (IF NURS AL PART I. DEATH W CONTRIBUTION 216. ACCIDENT WAS UNE OR CONTRIBUTION 216. NOT WAS AT WORK AT WORK AT WORK AT WORK 226. SIGNATURE 227. SIGNATURE 228. SIGNATURE	STATE REGISTRAR CEASED NAME OR PRINT! AL RESIDENCE (STATE OR FOREIGN TO TOWN OF DEATH ON TOWN OF DEATH ON THE STATE OF T	STATE REGISTRAR CEASED NAME OR PRINT! A RACE Wale RTHPLACE (STATE OR FOREIGN TO CITIZEN OF A USA A TY OR TOWN OF DEATH NA POLIS AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION IN THE A TYPES ON A LEXANDER AND FORCES? VAS DECEASED EVER IN U.S. ARMED FORCES? VAS DECEASED EVE	THE REGISTRAR CEASED NAME OR PRINT! FREDERICK Lee (Male THE LECK Lee (Male The Little or foreign or in the country? CHURTY I and USA TY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING A TUNGET ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OR INTO THE COUNTRY) ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OR INTO THE COUNTRY OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OR INTO THE COUNTRY OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OR INTO THE COUNTRY OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OR INTO THE COUNTRY OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OR INTO THE COUNTRY OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OR INTO THE COUNTRY OR OTHER OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE OR INTO THE COUNTRY OR OTHER OR O	STATE REGISTRAR CERTIFICATE REGISTRAR CERTIFICATE REGISTRAR CERTIFICATE REGISTRAR CERTIFICATE REGISTRAR CERTIFICATE REGISTRAR MIDDLE A. RACE TABLE REGISTRAR CEASED NAME CEASED NAME CERTIFICATE OF DEATH CASED NAME COMPRINT COMPRISH CERTIFICATE OF DEATH CASED NAME COMPRISH TEASED NAME TEASED NAME TREDERICK Lee ARACE Male TREDERICK Lee Mitte Trederick Male Trederick Market CERTIFICATE OF DEATH REG NO. CEASED NAME (ARCE Male (ARCE Male (ARCE Male (ARCE MATEOFORATH MARRIED YNEVER MARRIED (ARCE MARRIED YNEVER MARRIED MARRIED YNEVAR MARRIED MARRIED YNEW MARRIED MARRIED YNEW MARRIED MARRIED YNEW MARRIED MARRIE	TEASED NAME TRESIDENT TO THE PROJECT OF DEATH TO PROVIDE THE CONTROL TO THE CONTROL TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LOUISE OF MALE OF DEATH AND AS A CONSEQUENCE OF			

O FUNERAL DIRECTOR

IMPORTANT: If Item 21 is

should be detoched for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

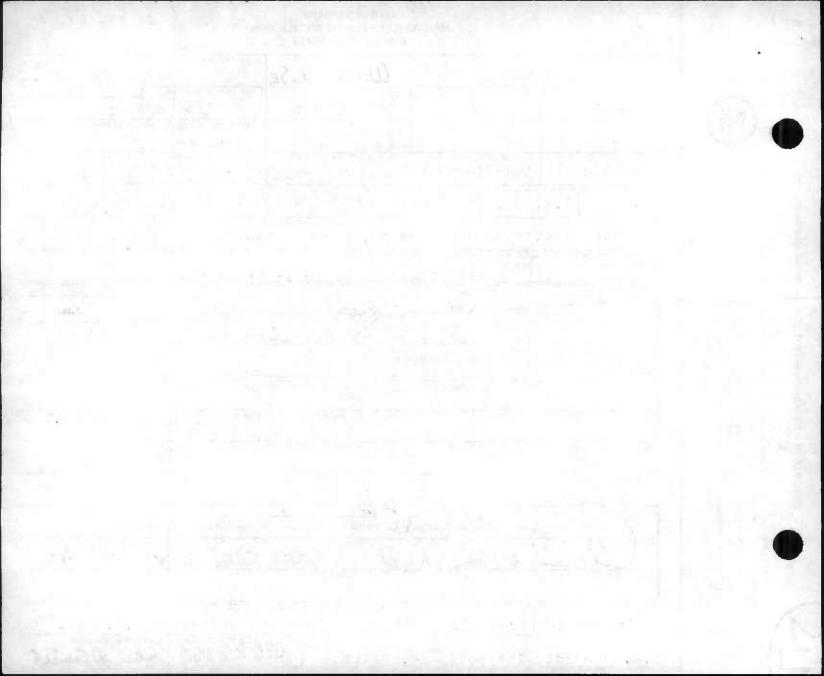
DHMH - 16 50M 4/82 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) tombment 23b. DATE 12-23-83 23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

73d LOCATION
V Annapolis

Md.

24 FUNERAL DIRECTOR Hardesty Annapolis Md. 21401 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR



TO HOSPITAL OR ATTENDING PHYSKIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Nem 21 is marked or Nem 18 sbaws any injury, ar other traumatic event, the

	DIAIE UF N	MARILAND	
DEPARTMENT	OF HEALTH	AND MENTA	LHYGIENE
CE	RTIFICAT	E OF DEATH	

Ι.	STATE REGISTRAR		FICATE OF DEATH	REG. NO).				
	ECEASED NAME PIRST	ARD Whestery	PESTEFELD		12 3		2b. HOUR		
3. SE	MALE	RACE S. DATE		6 AGE (IN YEARS LAST BIRT	YRS.	FUNDER I YEAR	IF UNDER 24 MRS		
70. B	SIRTHPLACE I STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOW	D L NEVER MARRIED	9. BALTIMORE CITY OF		JAF /	MD.		
0	TTY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF			F BUSINESS OR		
USU 13a	JAL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2000	2101	2 Typ.		
14. F	Henry Chan	les Wuestefeld	15. MOTHER'S MAIDEN NAM	1	wil	HeK	indt		
	WAS DECEASED EVER IN U.S. ARMEI (VES NO OR UNKNOWN) IF VES, GIVE W	D FORCES? 166 SOCIAL SECURITY NO.	Gertrudeu	J.Knopfle	55 731 F	folly Dr	12 21401		
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B					BETWEEN C	MATE INTERVAL INSET AND DEATH		
	Onditions, if ony, which (b)								
	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF							
NOI	PART 2 OTHER SIGNIFICANT CON	NDITIONS <u>CONTRIBUTING TO DEATH</u> BU	NOT RELATED TO THE TERMIN	NAL DISEASE OR COND	OITION GIVE	N IN PART 1:0			
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDIN			
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)			
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. PLACE OF INJURY (ATHOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION	CITY OR TO	WN	COUNTY	STATE		
	sow the deceased alive an above, (I) (we) (did) (did not) v	ottended the deceased from 30 December 19 83 of the body ofter death.	nd that in (my) (our) apinion de	to 30 Dece		and from the			
	Philip M. N	leustadt, MA	ATTENDING PHYSICIAN	MEDICAL STAF		12/ DATE	34/83		
	1771113		1994 ADDDECC CO	A STATE OF THE STA					
	Philip M. No	eustadt, MD	530 1100	collège foi	till you	J 2140	antei 1		
	sow the deceased alive an	30 December 19 83, o lew the body ofter death.	nd that in (my) (our) opinion de DEGREE ATTENDING	MEDICAL STAF	F		ouses stated		

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etained by the haspital ar attending physician.

Taylor Funeral Chapel- Annapolis, MD JAN 4

Committee of the second second All the target of target of the target of target of the target of targ Carly also wastered the half the process a second the standard breath because the TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR					REG. N	10.		
	ECEASED NAME FIRST	MI	DDLE		LAST	20 DATE OF DEATH	MONIH	DAY YEAR	26 HOUR A
	AIDA	CEC	ELIA	JOY	JNG	Decembe	r 16,	1983	8:00 M
3. SE	X	4 RACE		S. DATE (OF BIRTH	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	
	Female	White	2.1		-9-1921 YEAR	62	YRS	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY	1.00	Y OF DEATH	
/	Maryland	U.S.	A	WIDOWE		Anne A	runde	1	MD
	TITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
Li	inthicum	611 C	leveland	d Ro	oad	House ewif	e	FE) INDUSTRY	
" 13a.	STATE ATYLAND 136 COU		LINTHICE LINTHICE		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	velar	nd Road	190
14. F	ATHER'S NAME	MIDDLE	LAST		IS MOTHER'S MAIDEN NAM				
	Ettore	=	Gentile	е	Annuncia	ita Migdle		Bavo	ota
	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	66 SOCIAL SECURI	TY NO.	17 INFORMANT	ADDR	ESS		
	no		216-12-	510	Mary F. W	irsching	611 (Clevel	and Rd.
	18 CAUSE OF DEATH Enter or	nly ane cause per li						APPROX	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (a)	Multin	le	Mallen	na		30	1222
	2030 DUE TO, OR AS A CONSEQUENCE OF								
	Canditions, if any, which	(b)							
	gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR	AS A CONSEQUEN	CE OF					
	(c)								
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO								
A S	190 DATE OF OPERATION	19h CONDIT	ION FOR WHICH O	DEDATIO	N WAS PERFORMED	200 AUTOPSY?	201 IE VE	S, WERE FINDIN	100 Hore
CERTIFICATION				PERATIO		YES NO Z	IN CERTII	FYING CAUSES	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	Ain	MONTH DAY	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJI	JRY IN ITEM IB	PART I OR PART 2)	1 3 3
WEDICAL	214 INJURY OCCURRED	21e. PLACE O	F INJURY		211 LOCATION				
8	WHILE NOT WHILE	(AT HOME, STREE	T, FACTORY, OFFICE, FARM	M, ETC)	STREET	CITY OR TO	JWN	COUNTY	STATE
١.	220.1 certify that ((this hosp	ital) oftended the	deceased from	DC	15 19 83	to DEC	15	19_83_	that HL(we) last
	sow the deceased affice on obove, (1) (we) (did (did no	view the bady of	ter death	3 or	nd that in (my) (our) opinion o	death occurred on the o	late and hou	or and fram the	couses stated
	22 SIGNATURE	201		Α -	DEGREE			22c. DATE	SIGNED
	Caymen d	1 Im	oran 1	He	ATTENDING PHYSICIAN	MEDICAL STA	CIAN [12-1	16. 83
	224 PHYSICIAN'S NAME (TYPE		//		22e ADDRESS				
	Raymond J. D	onovan,	Jr, M.DV		3350 Wilken	s Avenue,	Balto,	Md. 21	.229
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	TATE
_	UNERAL DIRECTOR	12/19	/83 Mea	adov	wridge Cem.	Elkrid			
	Raymond C. Fi	.nk G	len Bur	nie		C. 1 Q 1022	ZSb. REGIST	RAR'S SIGNAT	CALLED
					DL	0 1 0 1202	1 12	and the party	Married /

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

retained by the hospital or attending physician

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